



Gloucestershire County Council

Annual Report

OF THE
COUNTY MEDICAL OFFICER OF HEALTH
FOR THE YEAR

1966

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GEO. PURVESLEY

County Medical Officer of Health



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Health Department,
 Berkeley Chambers,
 Berkeley Street,
 Gloucester.
 May, 1967.

*To the Chairman and Members of
 the Health Committee*

LADIES AND GENTLEMEN,

The population again increased so that despite a small fall in the birth rate the number of live births at 10,581 was only 181 less than in 1965. Of this fall a welcome part was the reduction in illegitimate births, even so these were 623. The infantile mortality rate at 15.9 deaths of infants under the age of one per 1,000 live births was the lowest ever recorded in this County. With all the available ante, intra and post natal care, improvement will continue. We are taking part in a pilot survey of investigation into every death of infants between the age of one month and one year in an endeavour to find preventable causes. A national investigation has been going on into maternal deaths for more than thirty years. The preventable causes are now almost all determined and appropriate improvements in maternity services established. The result is that deaths associated with pregnancy are rare. Gloucestershire had none in 1966—the first time on record.

The deaths from and notifications of tuberculosis follow the usual trend downwards after last year's slight increase. Tuberculosis is a preventable disease. Mass radiography is available to every adult person, but each year a smaller number of people present themselves for examination. Early detection of the disease with effective treatment and the tracing of contacts would mean the end of this disease. All these arrangements are available.

The fact that the public does not use the services provided makes it certain that women, for whom the service for taking cervical smears to detect the pre-cancerous stage of a fatal disease is now available, will not attend. Indications are even now obvious at the very commencement of this service that the women we want to come forward are not doing so. These are the mothers of two or more children whose houses do not have such necessities as baths and hot water on tap. A voluntary body has been formed in the City and County to provide a mobile clinic staffed by qualified volunteers which will go into villages and streets in towns so that the persons we want will have no excuse on the grounds of inaccessibility of facilities.

With effective preventive and treatment services now available for children more attention is being devoted to supervision of development of children whose family history, events during ante-natal care and actual birth gave indications of possible departure from normal. For this purpose an "at risk" register is maintained and continuously revised. This is to ensure that these special children are not overlooked between all the specific agencies for treatment available for them. We are helped in this by hospital specialists and general medical practitioners. In addition we now become aware through the notification of birth of every child with evidence at birth of a congenital abnormality. These children with defects nowadays have a much better chance of attaining a nearly normal functional life ; but many need the supportive aids in the community which it is our duty to provide.

The national financial restrictions were reflected in the further delay in the provision of new health service buildings, but the planning of the Health Centre for Thornbury went ahead.

Continued shortages of the different disciplines of qualified workers in the Health field, and in particular, dentists, chiropodists and midwives, have hampered development and caused difficulties, and only the devoted service of existing staff has prevented near breakdown of some aspects of the service from time to time.

On the 31st March, the County Nursing Association ceased to be the County's agent for the provision of domiciliary nursing and midwifery. It is sad to relate that within a few days The Lady Victoria Forrester, the President for the last twenty-one years of the Association, passed away. Lady Victoria's aim was to develop a modern fully equipped nursing service. When this aim was achieved she advised her Association that with their voluntary work done the agency should cease. A well established service was thus handed over to the Council. It is fitting that thanks should be given to the Association and in particular to the memory of the outstandingly able, delightful and charming Lady Victoria Forrester. The Association—under a new name—continues as the Nurses' Welfare Fund.

More general medical practitioners have, at their request, had health visitors attached to them. This is a new development in urban areas, but not, of course, in the villages where the nurse with the triple qualification has always worked hand in hand with the rural practitioner.

The following pages of the report deal with the very many aspects of the Council's health and community welfare services which between them show how almost every family in the county received some benefit at some time during the year.

The senior executive officer of each section has brought forward the more important aspects which they and all the staff of the Department cover. So much of it is team work, sometimes directly within the service and at other with persons in other services both local, national and voluntary. To them and for the encouragement of the Committee I am deeply grateful.

I have the honour to be,

Your obedient Servant,

GEO. F. BRAMLEY,

County Medical Officer of Health.

STAFF

as at 31st December, 1966

County Medical Officer of Health and Principal School Medical Officer	G. F. Bramley, M.D., D.P.H.
Deputy County Medical Officer of Health and Deputy Principal School Medical Officer	W. Davidson-Lamb, M.C., M.B., Ch.B., D.P.H.
Senior Medical Officer, Maternity and Child Welfare	Mary P. S. Seacome, M.A., B.M., B.Ch.
Senior Medical Officer, School Health Service	B. Nicholson, M.B., Ch.B., D.T.M. & Hy., D.P.H.
Senior Assistant County Medical Officer of Health and School Medical Officer ...	M. J. Gryspee1dt, M.B., B.S., D.P.H.
Divisional Medical Officers of Health ...	R. F. Barclay, M.B., B.S., D.P.H.
(also District Medical Officers of Health)	R. E. A. S. Hansen, M.A., M.B., B.Ch., D.P.H. A. T. Hunt, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. S. Knight, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. W. A. Knox, M.B., B.Ch., B.A.O., D.P.H.
Assistant Medical Officers of Health and School Medical Officers	Katherine E. M. Allen, M.A., M.R.C.S., L.R.C.P. S. C. Buck, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.P.H. Elspeth M. Feilden, M.B., B.S. Kathleen M. Lindesay, M.B., B.S. M. B. Pepper, M.B., B.S., D.P.H. J. S. Rodgers, M.A., M.B., B.Ch., D.R.C.O.G. M. H. Ryder, M.R.C.S., L.R.C.P., D.P.H. Rachel E. W. Sillett, M.D., D.P.H. Mary E. Walters, B.Sc., M.R.C.S., L.R.C.P. Joyce D. Wood, M.B., B.S., D.R.C.O.G., D.C.H., D.P.H. Hebe F. Welbourn, M.D., D.C.H.
Chest Physicians (part-time)	F. J. D. Knights, M.D., M.R.C.P. R. A. Craig, M. D., M.R.C.P.
Principal Dental Officer	J. F. A. Smyth, L.D.S.
Area Dental Officer	J. P. B. Pengally, L.D.S.
Orthodontists	G. D. Everard, L.D.S. Mrs J. M. Popplewell, L.D.S. (part-time)
Dental Officers	G. K. Balfry, L.D.S. Mrs M. E. Bell, L.D.S. (part-time) A. C. Bloomfield, L.D.S. W. M. Evans, B.D.S. (part-time) D. N. de Gruyther, L.D.S. W. M. Ellis, L.D.S. Mrs B. A. Hoyle, B.D.S. R. D. Jefferies, L.D.S. N. Killingback, B.D.S. Miss J. King, B.D.S., L.D.S.

Dental Officers (<i>contd.</i>)					Mrs I. M. Leach, L.D.S (part-time) Mrs M. J. Leech, L.D.S. R. R. Merritt, L.D.S. Mrs B. Pitter, B.D.S. G. Redfern, B.D.S. (part-time) Mrs L. Shaw, B.D.S., L.D.S. (part-time) Mrs S. P. Silverstone, L.D.S., B.Ch.D. (part-time) L. H. Stratford, L.D.S. G. N. Willetts, L.D.S.
Dental Auxiliaries	...	...	...	4	
Dental Health Education Officer			...		Mrs H. B. Iliffe
Dental Surgery Assistants		...	...	33	(equivalent of 21.9 full-time)
County Dental Laboratory :					
1 Senior Technician-in-Charge					
3 Technicians and 1 Apprentice					
Superintendent Health Visitor	...	...	...		Mrs I. E. Lyle
Deputy Superintendent Health Visitor			...		Miss G. E. Brocklebank
Health Visitors	...	...	...	81	and 2 part-time
S.R.N.'s Assisting Health Visitors			...	4	
Nursing and Midwifery :					
Superintendent	...	...	...		Miss M. A. Bach
Assistant Superintendents			...		Miss C. M. Allison Miss G. E. Brownhill Mrs P. A. Fleet 28 District Nurse/Midwives/Health Visitors 85 District Nurse/Midwives 25 Home Nurses and 7 part-time 10 Midwives
Orthopaedic After-Care Sisters		...	...	4	including 1 vacancy
Senior Mental Welfare Officers			...		D. S. Bayliss R. T. Ireland T. Keeling T. W. Murden D. W. Parker A. E. Poyser
Mental Welfare Officers	...	...	...	10	
Headteachers, Junior Training Centres			...	4	
Manager, Training Centre	...	...	...	1	
County Public Health Officer	...	...	...		R. H. Craig, M.I.P.H.E., M.R.S.H., M.R.I.P.H.H., M.A.P.H.I.
Assistant County Public Health Officer			...		L. G. Norman, S.R.N., M.A.P.H.I.
County Ambulance Officer	...	...	...		W. C. Virgo, O.B.E.
Health Education Officer	...	...	...		Miss F. E. Fortnam
County Home Help Organiser	...	...	...		Mrs H. K. Paine

Area and Assistant Home Help Organisers	...	...	...	14 and 4 part-time
Social Welfare Officers—Blind	...	...	...	Miss J. E. Alsop (Senior) and 6 Officers
Deaf	...	...	...	Miss E. D. Galbraith
Physically Handicapped	...	...	...	Mrs D. M. Parsons
Occupational Therapists	...	...	...	6 and 1 part-time
Chief Chiropodist	...	...	...	D. E. Boden
Senior Chiropodists	...	...	...	6
Part-time Chiropodists	...	...	...	6
Administrative Officer	...	...	...	F. B. Wilton
Senior Administrative Assistants	...	...	...	F. H. Livesey, D.P.A. A. F. Poyser N. White

DELEGATED AUTHORITY—BOROUGH OF CHELTENHAM

Medical Officer of Health	...	...	...	T. O. P. D. Lawson, M.D., D.P.H., D.R.C.O.G.
Deputy Medical Officer of Health	...	...	...	D. B. Hill, M.B., L.R.C.P., D.P.H.
Assistant Medical Officer of Health and School Medical Officer	...	...	...	Brenda G. King, M.B., B.S.
Area Dental Officer	...	...	...	P. B. Stone, L.D.S.
Dental Officers	...	...	...	The Lord Colwyn, L.D.S. (part-time) A. W. McCarthy, L.D.S.
Dental Hygienist	...	...	...	1 Vacancy
Assistant Nursing Superintendent	...	...	...	1
Health Visitors	...	...	...	11 (including 1 Senior) and 3 part-time
Senior Mental Welfare Officer	...	...	...	G. H. Watts
Mental Welfare Officer	...	...	...	1
Home Help Organisers	...	...	...	1 Area Organiser and 1 Assistant
Home Teachers for the Blind	...	...	...	2 (1 part-time)
Social Worker	...	...	...	1
Head Teacher, Junior Training Centre	...	...	...	1
Manager, Senior Training Centre	...	...	...	1
Nursing and Midwifery				
Assistant Superintendents	...	...	...	Mrs P. Huxford Mrs P. Pilling (part-time)
Home Nurses	...	...	...	18 and 2 part-time
Midwives	...	...	...	6 and 2 part-time
Health Centre	...	...	...	2 part-time Nurses
Chiropodists	...	...	...	5 part-time

SECTION A

STATISTICS AND SOCIAL CONDITIONS OF THE COUNTY

Area (in acres) :—

Urban	24,254
Rural	749,063
	<hr/>
	773,317

Population :—

Registrar-General's Estimate (Mid-year, 1966) :—

Urban	179,670
Rural	372,790
	<hr/>
	552,460

Rateable Value (1st April, 1966)	... ..	£18,596,544
Sum represented by a penny rate	... ..	£74,575

Extracts from Vital Statistics :—

Live Births—Legitimate	... ..	9,974
Illegitimate	... ..	607
		<hr/>
	Total	10,581

Rate per 1,000 population	... ..	19.14
Illegitimate live births per cent of total live births	... ..	5.74
Still-births	... ..	149
Rate per 1,000 total live and stillbirths	... ..	13.89
Total live and stillbirths	... ..	10,730
Infant deaths (deaths under 1 year)	... ..	168

Infant mortality rates

Total infant deaths per 1,000 total live births	... ..	15.88
Legitimate infant deaths per 1,000 legitimate live births	... ..	15.14
Illegitimate infant deaths per 1,000 illegitimate live births	... ..	28.01
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	... ..	10.59
Early Neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	... ..	9.07
Perinatal mortality rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	... ..	22.83

Maternal mortality (including abortion)

Number of deaths	... ..	—
Rate per 1,000 total live and stillbirths	... ..	—

1. Live Birth Rate

The Birth Rate for the year 1966 was 19.14 per 1,000 of the population, compared with 19.82 in 1965.

The following table shows the comparative figures for the past five years :—

	1962	1963	1964	1965	1966
Urban	18.82	18.64	18.97	19.02	18.50
Rural	18.66	19.57	19.74	20.21	19.45
Administrative County ...	18.71	19.25	19.48	19.82	19.14
England and Wales	18.0	18.2	18.4	18.1	17.7

After adjustment by the Area Comparability Factor (0.97) the Live Birth Rate (18.57) is still above that for England and Wales (17.7).

2. Death Rate

The Death Rate for the year was 10.76 per 1,000 of population as compared with a rate of 10.14 last year. After adjustment by the Area Comparability Factor (1.04) the Death Rate (11.19) compares favourably with the rate for England and Wales (11.7).

The total number of deaths in the County during 1966 was 5,950 and chief causes of death are shown in the following table.

	Urban		Rural		Whole County		Percentage of total deaths		
	No.	Rate	No.	Rate	No.	Rate	Urban	Rural	Whole County
Heart Disease	809	4.49	1,322	3.55	2,131	3.85	38.09	34.55	35.82
Cancer	382	2.12	682	1.83	1,064	1.92	17.98	17.83	17.88
Vascular lesion of nervous system	293	1.63	575	1.54	868	1.57	13.79	15.03	14.59
Pneumonia	123	0.68	229	0.61	352	0.64	5.79	5.99	5.92
Bronchitis	83	0.46	147	0.39	230	0.42	3.91	3.84	3.87
Other Circulatory Diseases	102	0.57	186	0.50	288	0.52	4.80	4.86	4.84
Accidents	59	0.33	113	0.30	172	0.31	2.78	2.95	2.89

3. Infantile Mortality

The Infant Mortality Rate for the County was 15.9. The rate for England and Wales for the same period was 19.0, the lowest ever recorded.

Year	Urban		Rural		Whole County		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1957	57	22.1	112	22.4	169	22.3	23.1
1958	59	22.1	99	18.6	158	19.8	22.6
1959	54	19.3	90	16.8	144	17.7	22.2
1960	48	15.5	108	18.8	156	17.7	21.9
1961	59	19.2	113	18.7	172	18.9	21.6
1962	79	24.4	108	17.1	187	19.6	21.6
1963	60	18.5	122	18.0	182	18.2	21.1
1964	55	16.5	121	18.2	176	17.0	19.9
1965	50	14.7	127	17.3	177	16.5	19.0
1966	52	15.6	116	16.0	168	15.9	19.0

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR THE COUNTY

1. Laboratory Facilities

- (a) The Public Health Laboratory is at the Gloucester Royal Infirmary.
- (b) REPORT OF E. G. WHITTLE, ESQ., B.Sc., F.R.I.C., PUBLIC ANALYST

SUMMARY OF EXAMINATIONS

Milks	1,748
Food and Drugs	918
Waters and Swimming Baths	110
Fertilisers and Feeding Stuffs	259
Gas Chromatography	340
National Pesticide Scheme	6
Miscellaneous	96
	3,477
Air Pollution	
Lead Peroxide	30
Deposit Gauge	22
Spectrographic Analyses	40
Chlorination	92
Pharmacy and Poisons	7
Merchandise Marks Act	5
	196

This is a grand total of 3,673, the highest yet recorded with notable increases in milk sampling, over 600 more.

SUMMARY OF MILK ANALYSES

The table below represents a satisfactory state of affairs in respect of compositional quality of milk in the county. Of 1,594 ordinary milks, including M.M.B. contract (School Milks), 67 were fat deficient and 6 contained added water. 43 of the M.M.B. contract samples were satisfactory and one milk only had abnormal solids not fat. Of 150 Channel Island Milks 19 were deficient in fat and one sample only contained added water and 8 were abnormal. Only 31 of the total of 1,744 showed abnormal solids not fat figures, i.e. less than 8.5 per cent, but without signs of added water. A further 22 were poor quality in respect of fat, that is just outside the satisfactory 3 per cent.

Total milks	...	...	...	...	...	1,744
Fat deficient—ordinary	...	...	...	...	...	64
Added water	...	...	...	...	...	6
Abnormal solids not fat	...	...	...	...	...	27
Poor quality—just less than 3 per cent	...	...	...	...	...	18
Appeal to cow	...	...	...	...	...	2
Channel Island—Satisfactory	...	...	...	...	...	122
Channel Island—Unsatisfactory :-						
Fat deficient	...	...	...	...	...	19
Watered	...	...	...	...	...	1
Ab. N.F.S.	...	...	...	...	...	4
Poor quality	...	...	...	...	...	4
Formal milks	...	...	...	...	...	356
M.M.B. contract	...	...	...	...	...	44

FOODS, OTHER THAN MILKS, WITH IRREGULARITIES

B.6378	Apple Green Colour	Contained Blue VRS, a colour suggested for removal from the permitted list.
C.6191	Apple and Strawberry Preserve	Probably only 4 per cent Strawberry based on seeds, weight and number. But seeds may well have been reduced by "depipping." There should at least be 12 per cent of Strawberry.
C.6230	Ice Cream	Total fat 7.5 per cent of which 3.5 per cent was butter fat. Such a product could not be designated as a Dairy Ice.
A.6246	Plain Flour	104 milligrams deficient in chalk per 100 gram/flour.
A.6543	Pure Lemon Juice	41.4 per cent deficient Vitamin C calculated on the declared amount.
A.6634	Cream Doughnut	The filling was not entirely butter fat. Article should be described as Imitation Cream Doughnut.
A.6844	Shredded Suet	Deficient in fat and badly separated.

COMMENT ON OTHER FOOD AND DRUGS SHOWING POINTS OF INTEREST

		<i>Meat or Fish found per cent</i>	<i>Meat or Fish proposed per cent</i>
<i>Fish and Meat Products</i>			
A.6250	Fish Fingers	83	70
6251	Pork Luncheon Meat	89	80
6254	Stewed Steak	96	95
6255	Beef Steak with gravy (actually declared 75%)	77	70
B.6304	Beef Sausages	61	50
		(SO ₂ equivalent to 350 ppm)	
6112	Pork and Ham	98.5	95
6113	Minced Beef Loaf	67.5	65
6114	Pork Luncheon Meat	81.5	80
6165	Pork Luncheon Meat	80	80
6166	Pork Brawn	90	90
6188	Pork Luncheon Meat	82.5	80
B.6319	Ginger Beer	Complied with Soft Drinks Order and would not be suitable for diabetics in view of sugar content.	
A.6391	Milk with foreign body	Contained milk residues in form of a skin.	
6432	Cake Fruit Mixture	Contained a $\frac{3}{8}$ in. dome headed bolt.	
6502	Chopped Ham and Pork	Wholly meat.	
6503	Mushroom and Chicken in White Sauce	45 per cent meat.	
6511	Ham Tivoli	33 per cent meat.	
6550	Pork Sausages	76 per cent meat.	
6544	Macaroni	A straight macaroni with no evidence of sauce.	
B.6537	Beef Chipolatas	58 per cent meat.	
6538	Pork Sausages	71 per cent meat.	
6539	Pork Sausages	62.5 per cent meat—Poor Quality.	
6671	Cornflour	This was a pineapple flavoured blancmange.	
C.6435	Sausage with Foreign Body	These uncooked sausages contained a piece of cotton fabric 2 inches by $\frac{1}{2}$ inch.	
6482	Sponge Cake Mix	Contained an elastic adhesive strip dressing.	
<i>Marzipan</i>			
A.6958	Marzipan	Contained 30 per cent ground almonds.	
6904	Marzipan	Contained 29 per cent ground almonds.	
7013	Marzipan	Contained 30 per cent ground almonds.	
7185	Marzipan	Contained 25 per cent ground almonds.	
B.6987	Marzipan	Contained 30 per cent ground almonds.	
C.7034	Almond Marzipan	Contained 30 per cent ground almonds.	
7050	Pure Almond Marzipan	Contained 36 per cent ground almonds.	
7052	Almond Marzipan	Contained 27.5 per cent ground almonds.	
7053	Almond Marzipan	Contained 30 per cent ground almonds.	
7054	Marzipan	Contained 28.5 per cent ground almonds.	
7055	Almond Marzipan	Contained 28.5 per cent ground almonds.	

A Code of Practice suggests a minimum of 25 per cent ground almonds.

Shandies should contain not more than 2 per cent Proof Spirit.

A.7041	Lemon Shandy	Proof Spirit 1.4 per cent.
B.7026	Cola and Rum	Proof Spirit 0.7 per cent.
B.6807	Cola and Rum	Proof Spirit 12 per cent.
6866	Chandy	No alcohol present.
7051	Lime Cordial and Lager	Proof Spirit 1.7 per cent.

<i>Meat Products</i>		<i>Per cent meat found</i>	<i>Per cent meat proposed</i>
A.6965	Pork Luncheon Meat	80	80
7055	Beef Sausages	57	50
7059	Pork Sausages	70	65
7060	Chopped Ham with Pork	98	95
7017	Cocktail Sausages	72	65 possibly
7135	Pork Luncheon Meat	86	80
7158	Corned Beef	99	100
B.6954	Pork Sausages	67	65
6977	Cocktail Sausages	58	65 possibly
6976	Pork Sausages	66	65
7024	Pure Pork	95	95
7125	Pork Luncheon Meat	86	80
7182	Beef Sausages	52	50
7184	Pork Sausages	64	65
7185	Beef Sausages	58	50
7186	Pork Sausages	80	65
7187	Beef Sausages	57	50
B.7190	Beef Sausages	62.5	50
7191	Pork Sausages	72	65
7192	Pork Sausages	74.5	65
7193	Beef Sausages	54	50
6975	German Salami	91	80
6976	German Salami	89	80
6977	Italian Salami	91	80
	(this sample showed incipient rancidity).		
6978	Frankfurters	80	
6979	Ham Sausages	99	} Special sausages, probably should be not less than 80 per cent.
6980	Deboviec Sausage (Polish)	100	
B.7160	Mincemeat	Was satisfactory and did not contain a foreign body as alleged.	
7167	Mincemeat (adhering to inside of can)	Contaminated with iron as oxide and acetate.	
C.6865	Crisps with purple markings	Colour first thought to be acid violet, but subsequently proved to be natural phenomena due to the particular variety of potato known as Record.	
6938	Bread with foreign body	Contained a 1 $\frac{5}{8}$ in. sewing needle. Subsequent tests failed to demonstrate conclusively that the needle was cooked in the bread. Bakery was advised.	

A.6938	Three pints of milk, A, B and C	Only traces of vegetable and mineral debris. These three samples contained respectively 0.15, 0.10 and 0.10 per cent of fat and were undoubtedly separated milks, although in fact submitted as whole milk. A prosecution is pending.
A.7072	Peas with a foreign body	Foreign body was one of the species of ground beetle.
7213	Bread with foreign body	Foreign matter was probably a portion of cement aggregate or similar product.
7052	Starch reduced Rye Crispbread	Protein and starch figures agreed with the stated amounts.
7139	Double Cream Cheese	Fully warranted its description with only 19 per cent moisture and 95 per cent fat on the dry basis.
A.7065	Minced Beef	No evidence of colouring or of nicotinic or ascorbic acid. These samples therefore satisfy the requirements of the Meat (Treatment) Regulations, 1964.
7069	Stewing Steak	
7169	Steak	
B.6975	Minced Beef	
7183	Minced Beef	
7188	Minced Beef	This sample contained 99.6 Proof Spirit. Rum is more commonly sold at 70 per cent Proof Spirit.
7082	Rum	
C.6826	Skim Milk Powder	Nearing the end of its useful life.
6932	Cauliflower Crowns	Perfectly satisfactory with a minimum of stalk.

Fish Products

A.7159	Crab	98 per cent crab meat
B.7121	Fish Paste	70 per cent fish.
C.7000	Fish Cakes	40 per cent } Standard 35 per cent.
		43 per cent }

Drug Samples

The drugs below are newer preparations and were found satisfactory :—

A.7109	Pholcodine Linctus	B.7061	Caladryl
7102	Paracetamol Tablets	7200	Ethnine Linctus
7103	Amphoteric Gel.	7199	Hexopal Tablets
7106	Tucal Linctus	C.6870	Paracetamol

Special Survey of Polonies

It is proposed that polonies shall be considered with pork sausages, black pudding, liver sausage, breakfast sausage and luncheon sausage. The proposed meat content for these articles is 65 per cent.

Per cent meat found

A.7162	Polony	76
7163	Polony	61
7164	Polony	73
B.7144	Polony	61
7145	Polony Snack	42 (Poor Quality)
7189	Polony	79
C.6929	Polony	45 (Poor Quality)
6974	Polony (same source as C.6929)	39 (Poor Quality)
6981	Polony Snack	43 (Poor Quality)
6982	Polony Snack	58
7007	Polony Snack	58

		<i>Per cent meat found</i>
7008	Polony Snack	60
7009	Pork Polony	79

This interesting survey indicates that whilst a few manufacturers are trying to comply with the spirit of the proposals others are certainly ignoring the suggested standard. Two Polony *Snacks* could only make just over 40 per cent meat and this might suggest that the addition of the word *Snack* is calculated or intended to avoid the issue.

<i>Meat Pies</i>		<i>Per cent meat found</i>	<i>Per cent meat proposed</i>
B.7194	Pork Pie	26	25
7195	Steak and Kidney Pie	24	25
A.6611	Marzipan	Appreciably above the suggested minimum percentage of 25 per cent of almonds. Sample contained 31.6 per cent.	
6635	Sausage Rolls	Contained 14 per cent meat. There is no recommended standard, but a 20 per cent minimum might not be unreasonable.	
6651	Lemon Juice	Declared 15 mg. of vitamin C per fluid ounce. Found 20 mg.	
6621	Soft Ice Cream	Contained 6.3 per cent fat, 13.6 per cent solids not fat and 12.7 per cent of sugar.	
6647	Game Pate	Contained 89 per cent of meat.	
6648	Fish Paste	Contained 90 per cent of fish.	
6701	Buttered Scone	The fat was entirely butter fat.	
6714	Sausage Rolls	Contained 13.7 per cent meat. See above.	
6727	Real Dairy Cream Choc.	Fat in the filling was entirely butter fat.	
	Eclair		
6768	Minced Beef	Free from preservative and colouring matter.	
6769	Rump Steak		
6770	Rump Steak		
6800	Stewing Steak		
6801	Stewing Steak		
6802	Minced Beef	Contained two permitted colours Tartrazine and Yellow 2G.	
A.6841	Egg Yellow colouring		
B.6693	Ice Cream	<i>Range per cent</i> Fats 5.1 - 11.4 SNF 9.1 - 15.1 Sugar 14.8 - 19.8	
6694	Ice Cream		
6695	Ice Cream		
6696	Ice Cream		
6697	Ice Cream		
6698	Ice Cream		
6708	Ice Cream		
6709	Ice Cream		
6710	Ice Cream		
6711	Ice Cream		
B.6712	Ice Cream	B.6725 and 6726, and 6808 correctly described.	
6725	Dairy Ice Cream		
6726	Dairy Coffee Ice Cream		
6727	Ice Cream		
6728	Ice Cream		
6807	Ice Cream		
6808	Ice Cream with butter		

B.6812	Aludrox Amphoteric	}	All of satisfactory composition.
6819	Soneryl Tablets		
6820	Sonalgin Tablets		
6823	Sulphatriad		
6824	Sulphamezathine Tablets		
6813	Agarol		
6814	Codeine Linctus		
6821	Gelusil Tablets		
6822	Hypon Tablets		
6828	Pandal Tablets		
6826	Salprin Tablets		
B.6896	Food Colouring		Contained three permitted colours.
C.6552	Cider		Normal in taste and composition, and without off flavour as alleged.
6559	Pasteurised Gruyere Cheese		This would be a medium fat cheese.
6584	Cornish Ice Cream	}	Both Dairy Ice Creams.
6585	Cornish Ice Cream		
6607	Almond Marzipan		Contained 35 per cent of ground almonds.
6633	Minced Beef	}	No colouring or preservative.
	Minced Steak		
6766	Edrisal Tablets	}	All of satisfactory composition.
6767	Tofranil Tablets		
6768	Lobak Tablets		
6769	Edrisal Tablets		
6770	Mycardol Tablets		
C.6620	Milk		Contained a spider 15 mm. long and the commonest of large British Spiders.
6701	Half a cracker biscuit		Contained charred portions of biscuit.
6720	Foreign body in pie		Shown to be a small tuft of hairs of bovine origin.
6771	Cereal		Contained a yellow bead, a white pearl button and a metal button.
6789	Corned Beef		Contained an insect leg, probably of a cricket.
6797	Bread		Pupal case and wing of a small moth.

Of the 30 samples from mains supplies 24 were satisfactory from a chemical point of view. In the case of the other potable waters from Wells, Springs and Boreholes, 44 per cent were chemically unsatisfactory.

MISCELLANEOUS

96 miscellaneous specimens were submitted by the County Council and various Urban and Rural District Councils and these illustrate the varied character of the County work. A few selected items will be briefly considered :—

M.189	Water colours	No evidence of lead or toxic metals.
235	Mites	A garden species infesting herbaceous plants.
266	Bread	Contained head and thorax of a beetle.
288	Milk with foreign bodies	Contained over 100 dead larvae of the <i>Drosophila</i> fly, together with several fragments of glass.
321	Tin of Meat	The foreign body was a piece of coarse string some 1½ inches long.
32	Fluoride Tablets	1 milligram tablets as stated.

108	Scone with Butter and Jam	Contained a curved splinter of glass which might have been introduced with the butter or jam.
117	Pork Luncheon Meat	Contained fragments of lacquer from the can.
158	Bread	Contained a piece of metal with two teeth.
327	Pie	Contained a mutilated blue bottle, Calliphora Vomitoria.
338	Cake	Contained the remains of a cockroach.
339	Corned Beef	Can and meat stained with iron sulphide.
393	Vinegar	Capsules of cellulose matter commonly called "Mother of Vinegar."
430	Milk	Foreign body was an immature earthworm.
498	Potato Crisps	Purple colouring natural and due to variety of potato known as Record.
500	Two bottles C.I. Milk	Vegetable matter found, probably fault in straining process.
501	Tapioca Pudding	Pellets of rodent excreta found.
502	Tapioca (Packet)	Pellets of rodent excreta found.
559	Piece of toast	Contained fine wire probably from steel scouring pad.
605	Margarine	Fragment of course wrapping paper or cardboard found.

Antibiotics in Milk	Total samples	Antibiotic present
A samples	479	20
B samples	437	17
C samples	405	6
	<hr/>	<hr/>
	1,321	43
	<hr/>	<hr/>

Thus 3.3 per cent of all samples contained antibiotic.

2. National Health Service Act, 1946

(i) HEALTH CENTRE, CHELTENHAM

The Hester's Way Health Centre continues to provide medical and health services for the population on the estate. Attendances during the year were as follows :—

General Practitioner Consultations	...	...	20,457
Treatment and Casualties ...	...	...	3,325
Attendances—Child Welfare	...	...	4,463
Orthopaedic	...	...	97
		<hr/>	
		Total	28,342
			<hr/>

(ii) CARE OF MOTHERS

(a) Expectant and Nursing Mothers

Ante-Natal care was received by 1,688 mothers who attended the 27 local authority clinics. In addition, 9 Midwives held ante-natal sessions at their own premises.

Midwives attended clinics held by 60 General Practitioners at their own surgeries and assisted 21 Practitioners holding clinics in local authority premises. These numbers include the work of 8 Midwives who are attached to specific practices.

Mothercraft and Relaxation Courses were held at 45 Centres. Two extra centres were opened during the year, one at Pilning and the other at Bishop's Cleeve. An awareness of growing public interest in the Psychoprophylactic method of preparation led to the arrangement of a training course in this method for Midwives and Health Visitors. While it is realised that this form of preparation is not suitable for all mothers, it was felt that trained staff should be in a position to give appropriate help to mothers who asked for this method and be able to co-operate during the delivery with those who had received the training elsewhere.

The numbers of mothers attending Mothercraft and Relaxation Clinics were as follows :—

Booked for Hospital Delivery	...	...	...	1,528
Booked for home delivery	...	...	...	529
Total Attendances	...	...	...	8,371

Encouragement is offered to fathers to attend some of these sessions in areas where a male doctor talks to them.

(b) *Arrangements for Confinement*

Of the 10,623 births which were notified in 1966, 7,939 (74.7%) took place in hospital. This is the same proportion as that recorded last year, after several years with steadily increasing percentages of hospital confinement. There were 2,684 deliveries at home. Great care is taken in the selection of patients who are to be delivered at home in order to ensure that home circumstances are suitable and no possible indication that the patient should be admitted to hospital for confinement on medical grounds overlooked. Similarly the home circumstances of each mother wishing to return home 48 hours after delivery are investigated by the domiciliary midwife who would be responsible for her care.

The numbers of enquiries carried out were as follows :—

(1) Applications for Hospital Confinement on Social grounds	...	...	...	1,495
(i) Hospital confinement recommended	...	...	...	1,221
(ii) Circumstances suitable for home confinement	...	...	...	274 (18.3%)
(2) Applications for discharge home after 48 hours	...	...	...	1,786
(i) Circumstances considered suitable	...	...	...	1,476 (82.6%)
(ii) Circumstances considered unsuitable	...	...	...	310
Total Social enquiries made	...	...	...	3,281

The number of women admitted to hospital on social grounds shows a decrease of 776 compared with the figure of 1,997 for the previous year, while parallel with this the number of women admitted for delivery on medical grounds shows an increase of 648 over the previous year. This reflects the increasing care in the selection of cases, but there are still grounds for concern about the small minority of mothers who elect to have a home delivery in spite of advice to the contrary. The increasing popularity of discharge at 48 hours showed itself in the fact that 480 more mothers took advantage of this than during 1965.

(c) *Care of Mothers and Illegitimate Children*

During 1966, 623 illegitimate births were recorded in the County, 30 less than the figure for 1965. 443 mothers were referred to the Bristol Diocesan Association for Family Welfare and the Gloucester Diocesan Council for Social Work and 142 of them were admitted to Mother and Baby Homes, including 78 to St Catherine's Home, Cheltenham. A perturbing aspect of this work is revealed by figures received from the Gloucester Diocesan Council which show an increase in the number of girls of 16 and under who are having illegitimate babies, 73 as compared with 57 in 1965. These girls require skilful help as many of them are still at school and some hoping to proceed to Further Education.

St Catherine's Home, Cheltenham

Seventy-eight girls resident in Gloucestershire and 31 from outside the County were admitted to St Catherine's Home for care prior to and after the birth of their illegitimate babies. The average length of stay was $30\frac{1}{2}$ days before confinement and $31\frac{1}{2}$ afterwards. During their stay the girls are encouraged to take an active part in the life of the Home, including the care of their own babies after delivery.

(d) *Cervical Cytology*

Eleven clinics additional to the three which began in 1965 were opened for the taking of cervical smears. A total of 18 regular sessions were in operation monthly by the end of the year, with additional sessions being held if this was warranted by the size of the waiting lists. 2,791 women attended. The service was available to all married women of 35 and over who had had one pregnancy. This limitation is necessitated by the control in numbers which is needed if the Pathological Laboratories are not to be overwhelmed by the work demanded of them. Positive results were returned in 16 cases and each of these patients was referred to her own general practitioner who in turn made arrangements for her to see a Consultant Gynaecologist. Other non-malignant conditions were discovered in 240 patients, each of whom was referred to her own doctor. It has been observed in other areas that there is a higher incidence of positive smears detected among women from social classes IV and V than from the others and for this reason efforts have been made to encourage women of these groups to attend for the test. An analysis of those who attended during 1966 shows that 19 per cent. came within this category.

(iii) CARE OF CHILDREN

(a) *Home Visiting*

The numbers of children visited in their own homes by Health Visitors were :—

Born in 1966	...	...	...	...	...	11,432
Born in 1965	...	...	...	...	...	10,830
Born in 1961 - 64	...	...	...	...	...	24,510

The advice given by Health Visitors on preventative measures which can be taken remains one of the most potent forces in maintaining a high level of immunity against infectious diseases which can be prevented by vaccination or immunisation. Similarly an intimate knowledge of family circumstances gained by home visiting makes it possible for the Health Visitor, through discussion with the mother, to give her the reassurance and confidence in caring for her children which is so essential in these days when the quality of parenthood is a popular target for criticism. The routine examination of the urine of babies for the detection of phenylketonuria was continued. No cases were detected.

A register of children at risk of developing handicapping conditions by reason of some factor in their pre-natal, peri-natal or post-natal history was started at the request of the Ministry of Health in 1963. In 1966 an attempt was made to evaluate the register by enquiring into the progress of children on the register who reached the age of two during the year. A total of 926 children were investigated and of these 190 were considered to require continued special observation. The remainder had shown normal progress and development. Of the 190 retained on the register several had multiple factors in their history which placed them at risk and 45 had congenital abnormalities. Eleven had family histories of deafness or blindness ; four of them developed the same defect. Prematurity was the single risk factor which produced the highest number of children to be retained on the register, 23 per cent of the original group, 13 per cent having definite slow intellectual development or physical handicap. The largest proportion showing these specific disabilities were those who had been placed on the register because of the development of severe jaundice during the neonatal period, 14 per cent of the original number. It was an interesting feature that of those children who had been specially observed because of difficult delivery or prematurity, 13 per cent of those who were regarded as needing continued vigilance, were causing anxiety not because of their own health and progress but because some factor in their environment placed them at risk either socially or emotionally.

The wisdom of indicating those children who require particular observation cannot be disputed but, the recent assessment suggests that the criteria initially adopted for placing children on the register require modification.

In addition to compiling a register of all children with risk factors in their history a record is kept of all those who are found to have a congenital deformity at birth, this latter information being supplied by the midwife who completes the statutory notification of birth. Congenital deformities were reported in 132 children, 21 having two or more abnormal features. Many of the defects were of a minor nature, but, 33 of the babies had anomalies of development in the nervous system, 20 of them being some degree of meningocoele, a condition for which the prognosis has improved in recent years due to improved surgical techniques. The most commonly notified single defect was talipes equino-varus, an abnormal position of the foot, which in most cases is easily rectified by simple splinting, but occasionally needs operative correction.

(b) *Child Welfare Centres*

A new Child Welfare Centre was opened at Innsworth during the year, bringing the total of centres held in permanent premises to 111 throughout the County. As usual the members of the Executive Committee of the Gloucestershire Federation of Child Welfare Centres worked hard and with enthusiasm to open the new centre and to recruit a voluntary committee. The easy inception and success of the centres reflects accurately the willing spirit and keenness of the members of all the voluntary committees of the static centres. A debt of gratitude is owed to all these ladies who give their time so generously. The two caravans used as mobile clinics visited 73 villages regularly throughout the year.

The numbers of children attending were as follows :—

Children born in 1966	...	...	...	...	7,422
Children born in 1965	...	...	...	...	4,169
Children born in 1961 - 64	...	...	...	...	6,179

(c) *Mothers' Clubs*

Mothers who were interested to meet together to discuss various aspects of the care and development of their children as well as to enjoy related social activities attended these in 19 different areas. These clubs which, self-supporting, are a very worth-while facet of facilities which can be provided as a means of increasing the insight and knowledge of parents. In order to encourage the establishment of the clubs the local authority pays for the rental of a suitable room or hall for the first three months. The local health visitor is closely associated with each club and the Health Education Officer is always willing to advise about the arrangement of a programme and to suggest stimulating speakers.

(d) *Distribution of Welfare Foods*

Welfare Foods were available at 184 child welfare centres, 34 shops, 15 houses and 19 part-time offices, the latter involving paid assistance.

Distributions were :—

National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Orange Juice (Bottles)	Vitamin A & D Tablets (Packets)
65,623 (72,736)	11,918 (12,044)	153,558 (144,366)	9,349 (10,394)

The 1965 figures are shown in brackets.

At the end of the year arrangements for the distribution of Welfare Foods were under review.

(e) *Day Nurseries*

The three Day Nurseries in the County, at Swindon Road and Whaddon Road, Cheltenham, and Enmore House, Kingwood, with a total of 115 available places between them, each had a waiting list during the year. The average daily attendance was 100.

(f) *Training of Nursery Students*

Each of the above Day Nurseries is used for the practical side of the training of Nursery Nurses, as also are Walton House Residential Nursery and Winchcombe Nursery School. This practical training is combined with theoretical work at local Technical Colleges. The course, which is a two-year one, was completed by thirteen students, each of whom was successful in gaining the N.N.E.B. certificate. Fourteen new students commenced their training during the year.

(iv) RECUPERATIVE HOLIDAY HOMES

Fourteen mothers were able to take advantage of a recuperative holiday, taking their children with them. Twenty-eight children benefited in this way. Holidays at convalescent homes were also arranged for 8 children under the age of five years.

(v) PROBLEM FAMILIES

Thirty-nine new families were considered by the Officers' Co-ordinating Committees held by the Divisional Medical Officers of Health and the Medical Officer of Health for Cheltenham Borough. Fifty-two old cases continued under supervision. Training in mothercraft and child care was arranged for one mother, who took her three children with her to a centre which specialises in this type of work. This training necessitates a long stay and is not recommended unless circumstances at the mother's home are such that the new ideas and methods which she has been shown can be put into operation.

(vi) NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

Nine premises registered as nurseries offered places to 203 children, and 42 registered daily minders undertook the care of 393 children.

(vii) INFANT DEATHS

(a) *Neo-Natal Deaths*

There were 104 deaths notified as occurring during the first 28 days of life. Of these 88 occurred within the first 6 days, and the remaining 16 deaths between 7 and 28 days.

The causes were as follows :—

Prematurity—					0 - 6 days	7 - 28 days	Total
Given as sole cause	...	...	...	...	44	—	44
Associated with atelectasis	...	...	...	...	10	—	10
Associated with other conditions...	...	...	...	...	2	—	2
Congenital defects	...	...	...	...	14	7	21
Cerebral Haemorrhage	...	...	...	...	3	1	4
Atalectasis	...	...	...	...	4	—	4
Infections—							
Respiratory	...	...	...	...	4	4	8
Meningitis	...	...	...	...	—	3	3
Haemolytic Disease	...	...	...	...	4	—	4
Other	...	...	...	...	3	1	4
					—	—	—
					88	16	104
					—	—	—

Nine of the deaths listed under congenital defects were due to meningo-myelocoele. The deaths occurring during days 0 - 6 are regarded as being associated with events during the ante-natal period or during labour and are added to the stillbirths to give the number of peri-natal deaths.

The following table shows the peri-natal and neo-natal death rates for the last five years:—

							Peri-Natal Death Rate	Neo-Natal Death Rate
1962	...	...	...	...	...	...	29.98	13.96
1963	...	...	...	...	...	...	22.73	12.70
1964	...	...	...	...	...	...	21.91	11.91
1965	...	...	...	...	...	...	22.19	10.69
1966	...	...	...	...	...	...	22.83	10.59

(b) *Infant Deaths*

There were 55 deaths of infants between the ages of one month and one year. The following table shows the causes of death and where the children died :—

							Place of Death		
							Home	Hospital	Total
Broncho-pneumonia	...	...	...	...	...	...	6	6	12
Broncho-pneumonia with other conditions	...	...	...	...	...	...	—	2	2
Bronchitis	...	...	...	...	...	...	7	1	8
Asphyxia	...	...	...	...	...	...	5	1	6
Congenital Heart Disease	...	...	...	...	...	...	—	6	6
Other Congenital Defects	...	...	...	...	...	...	—	9	9
Gastro-enteritis	...	...	...	...	...	...	1	1	2
Meningitis	...	...	...	...	...	...	1	1	2
Accident	...	...	...	...	...	...	1	—	1
Other	...	...	...	...	...	...	1	6	7
							—	—	—
Total							22	33	55
							—	—	—

Once again the major causes of the death of infants in their own homes is either accidental asphyxia or a sudden overwhelming respiratory infection. A common history in these latter cases is of a baby observed to be apparently perfectly well when put to bed at night and found dead in the cot next morning. Information about infant deaths is being collected in Gloucestershire, Bristol and Birmingham on behalf of the Ministry of Health, and particularly attention is being paid to such deaths.

The Infant Mortality Rates for the past five years are as follows :—

							England and Wales	County including Cheltenham	Cheltenham Borough
1962	...	...	...	...	...	...	21.6	19.62	28.19
1963	...	...	...	...	...	...	21.1	18.20	25.52
1964	...	...	...	...	...	...	19.9	17.04	19.37
1965	...	...	...	...	...	...	19.0	16.45	12.71
1966	...	...	...	...	...	...	19.0	15.88	18.59

(c) *Premature Babies*

There were 721 babies of birth weight 5 lb. 8 oz. or less born during 1966. The analysis shows place of birth and whether they were live or stillborn. The figures for 1965 are shown in brackets.

	Live	Stillborn	Total
Born in Hospital	539 (541)	88 (86)	627 (627)
Born at home or in a Nursing Home ...	87 (78)	7 (6)	94 (84)
	<hr/> 626 (619) <hr/>	<hr/> 95 (92) <hr/>	<hr/> 721 (711) <hr/>

Of the 626 live births, 49 failed to survive the first week of life, 30 of these weighing 3 lb. 4 oz. or less at birth. Of the 575 live babies who weighed over 3 lb. 4 oz. at birth all but 20 survived the first month of life.

Special care of premature babies at home is undertaken by two health visitors and three midwives who have received training for this purpose. There is a Special Care Unit attached to Southmead Hospital and to Gloucestershire Royal Hospital, and the specially trained staff work in close co-operation with the Paediatricians at these units.

(d) *Illegitimate Infant Deaths*

Of the total of 623 illegitimate births registered, 16 were stillborn and ten died under the age of four weeks. A further 17 died before the age of one year.

(e) *Stillbirths*

The stillbirth rate for the past four years has been as follows :—

1963	...	...	...	...	...	...	11.66
1964	...	...	...	...	...	...	11.87
1965	...	...	...	...	...	...	13.29
1966	...	...	...	...	...	...	13.89

Of the 136 stillbirths notified, 14 took place at home and the remaining 122 in hospital.

(viii) MIDWIFERY AND HOME NURSING

(a) *Staff*

The staffing position improved slightly during the year and on 31st December, 1966, the position was as follows :—

	Whole-Time	Part-Time	Total
County	150	8	158
Cheltenham	25	5	30
			<hr/> 188 <hr/>

Almost half of the staff were married women and there were vacancies for 2 nurse/midwives, 1 nurse/midwife/health visitor, 1 full-time midwife, 2 relief nurses and 1 Superintendent (Victoria Home).

The record of the year's work is as follows :—

New Cases

General Cases brought forward from 1965	...	...	2,619
New General Cases (all ages)	...	...	8,552
New Cases booked for Ante-Natal Care (Home or Hospital)	...	...	5,140
Women Delivered—booked by Doctor	...	...	2,790
not booked by Doctor	...	...	16
Mothers discharged from Hospital before 10th day	...	...	2,885
after 10th day	...	...	106
Premature Babies	...	...	37
Miscarriages	...	...	84

Home Visits

Total of General Visits	...	...	270,509
Visits to Women Delivered—booked by Doctor	...	...	46,456
not booked by Doctor	...	...	184
Ante-Natal Visits—Home Bookings	...	...	24,116
Hospital Bookings	...	...	9,204
Discharges from Hospital before 10th day	...	...	20,619
after 10th day	...	...	891
Visits to Premature Babies	...	...	549
Ineffective	...	...	5,921
			<hr/> 378,449 <hr/>

Clinic Sessions

Ante-Natal and Post-Natal	...	...	3,772
Mothercraft and Relaxation	...	...	717
Women's Welfare	...	...	31
Child Welfare Centre	...	...	585

Public Health

Total of all visits made as Health Visitor	...	...	16,948
Total Sessions attended as Health Visitor	961

Health Education

Talks given in addition to those given at Clinics	162
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The Kingswood Home closed on 4th April, for resident staff, but an office was retained in the building for administrative purposes. A Robo-phone has been installed to record messages when office is closed.

There was a slight increase in the domiciliary midwifery this year, but the trend continues to be towards hospital delivery and early home nursing.

2 nurse/midwives, 2 midwives and 3 general nurses were attached to general practitioners during the year.

27 members of the staff attended the statutory midwifery refresher courses, 1 an administrative course, 2 health visiting refresher courses and 20 attended our own courses at Sandywell Park for ante-natal preparation. One of the courses was devoted to the Psychoprophylaxis method.

2 candidates undertook district nurse training and 45 completed part II midwifery training with county midwives.

Regular staff meetings were held for discussion and the exchange of information.

(b) *Puerperal Pyrexia*

The 45 cases of Puerperal Pyrexia investigated during the year were found to be due to the following causes :—

	Home	Hospital	Total
Urinary Tract Infection	2	2	4
Cause not known	8	11	19
Other	19	3	22
	—	—	—
	29	16	45
	—	—	—

(c) *Maternal Deaths*

There were no deaths associated with pregnancy.

(d) *Local Supervising Authority*

Notifications of intention to practise were received from 324 midwives ; 163 of these were employed by the County Council. Those employed by Hospital Management Committees numbered 153, and eight were in private domiciliary practice.

Visits of supervision were made to County Council Midwifery Staff by the non-medical supervisors who are responsible for inspection of the work and records of the domiciliary midwives ; group meetings of midwifery staff continued.

(i) DELIVERIES ATTENDED BY DOMICILIARY MIDWIVES

Doctor not booked	16
Doctor booked	2,790
	—
Total	2,806
	—
Number of cases delivered in Hospitals, but discharged and attended by Domiciliary Midwives before 10th day	2,845

(ii) MEDICAL AID UNDER SECTION 14 (i) OF THE MIDWIVES ACT, 1951

Domiciliary	247
Cases in Institutions	23
	—
	270
	—

(e) *Incontinence Pads*

Incontinence pads were provided as part of the arrangements for home nursing. The estimated usage was 24,000.

(ix) DENTAL TREATMENT OF EXPECTANT AND NURSING MOTHERS AND YOUNG CHILDREN

*Report of the Chief Dental Officer**Staff—Dental Officers*

The year was overshadowed by staffing difficulties and disappointments. Last year I reported a drop of one dental officer on 31.12.65, although the year as a whole showed an increase of 3.2% in sessions worked. In 1966, the sessions worked by dental officers *decreased* by 456, equivalent to the loss of one officer. Except for the year 1958, this is the only year since 1951 that the staff has not expanded. Since the greater part of the dental staff's time is spent on the school dental service, this vital subject is set out fully in my report to the Education Committee. In that report I give reasons for fearing that this is not merely a temporary set-back, but that it must cause grave concern.

In September, an Interim Report was presented to the Health Committee which also dealt with this subject. Among the recommendations were an improved staffing structure, with one post regraded as deputy principal dental officer and others regraded as senior dental officer posts. Although this report was approved and adopted by the Health Committee and County Council, its implementation has been delayed by the "freeze." I believe that a point of crisis has now been reached. Inaction carries a grave risk of decline. My Interim Report showed that the existing service was inadequate to meet the demand, much less the need, for dental treatment for children in the County. The figures for the whole year showed a situation that had worsened since September. I must now report that the measures recommended for strengthening the structure of the service are matters of extreme urgency.

It is with great regret that I record the death of Mr D. A. Thomas, whose services in the Cirencester area were greatly appreciated by a large number of parents and children. Mrs Squires retired from Downend in May, and one of the area dental officers transferred to a neighbouring authority. These events necessarily have cast their shadow.

Staff—Dental Auxiliaries

The Final Report on the experimental scheme was presented by the General Dental Council to the Privy Council in the early autumn. Parliament accepted the Report, including the general conclusion that auxiliaries "do, within the limited field prescribed, work of great value, particularly among young children." Experience in Gloucestershire fully endorses this conclusion. When the Regulations governing their employment have been drafted and passed by Parliament, the scope of their usefulness in a semi-rural county can be assessed. This again was set out in my Interim Report to the Health Committee.

One dental auxiliary returned to the London area after only six months service, and Miss Simpson, who was the first one employed in this authority in September, 1962, left in June to become a hygienist in a London hospital. Neither could be replaced till September. Consequently it was possible to lend one of the Glosterette mobile clinics to the Ministry of Health during the summer term for the fluoride survey in Anglesey.

Dental Clinics

The new clinic at Tetbury was taken over in February. It was officially opened, together with the new Branch Library, by Professor A. I. Darling of Bristol Dental School. Work was started on County Buildings, Cheltenham, which include the long-needed replacement for the County and Borough dental clinics. Approval from the Ministry was also obtained for Thornbury Health Centre, which will replace the inadequate dental clinic. The only clinic now in entirely unsatisfactory premises is at Chipping Sodbury.

After remaining almost static for 30 years, great advances have recently been made in the design of dental equipment. A new mobile clinic for Cheltenham Borough has been equipped in the modern style, and should be an attraction for staff. Development of equipment is actively continuing, but it is now possible to equip new clinics for the 1970's rather than on out-moded concepts. This does mean, however, that the many clinics equipped in the 1950's appear out-of-date. At that time, Gloucestershire was competing

for staff with authorities that had set up clinics in the 1930's, and ours were therefore newer and more attractive. The position is now being reversed : other authorities have re-equipped their pre-war clinics to modern standards, and prospective applicants find Gloucestershire clinics tend to compare less favourably. For this reason, and because much equipment purchased in the early 1950's was of poor quality owing to shortage of suitable raw materials, I recommend that money be allocated next year to start a re-equipment programme for several clinics.

The provision of clinics in small towns such as Tetbury, Bourton-on-the-Water, Moreton-in-Marsh and Winchcombe, gives the opportunity for a much better service to be rendered to the community in these places. In practice, owing to shortage of staff, it has not yet been possible to develop these services, and even skeleton staffing has served to increase the strains on the service as a whole.

Prevention of Dental Disease

Last year I stated that, having rejected fluoridation, Gloucestershire could not "claim to be in the forefront of those who will take any measure that will help to prevent dental disease." The other main measure — dental health education — is not a substitute for fluoridation, but is complementary to it. In this I regret to report a slight diminution of activity. All but one of the child welfare centres were visited, but the number of visits in Cheltenham was reduced owing to the resignation of the hygienist. No progress can be reported at Mothercraft Centres or Mothers' Clubs, but there have been discussions with the Superintendent Health Visitor, which may result in a better response in 1967. The figures are set out in Table A.

Table A—Visits for Dental Health Education

	Number of Centres	Number Visited	Number of Visits
Mothercraft Centres 	43	3	14
Child Welfare Centres—Fixed ...	III	III	250
Mobile ...	69	64	88
Mothers' Clubs 	19	3	3

A dental health exhibition was again included in the Three Counties' Show, and small exhibitions were arranged in a shop window in Kingswood and at Soundwell Baths. There was increased activity among Guides and Brownies and five groups of women meeting under various auspices were addressed. The "chemists fortnight," foreshadowed in my report for 1965, took place in March. Special display cards were kindly provided by the Oral Hygiene Service, and the great majority of chemists shops mounted a special display. The co-operation and interest of the pharmacists was most heartening ; the impact on the public cannot be assessed. The whole campaign was organised by a small committee set up jointly by the Local Dental and Local Pharmaceutical Committees.

Results

The important question is whether these activities have any demonstrable effect. My tentative conclusion last year was that an effect might be seen from the improvement in the teeth of school entrants. The figures for 1966 (shown in Table B) strengthen this belief. There was a welcome increase in the number free from decay, and, more important, the increase in those with severe decay, which was less great in 1965, was stabilised in 1966. These children (one in eight of every school entrant) are an index of those dentally

crippled in early childhood. They, and a number more, will have had toothache, with all that is implied for the family in disturbed nights, uncomfortable eating and probably extractions at an early age. The part that teeth of young children play in increasing or marring family happiness has never been adequately recognised. If it were, there would be more active support for prevention. The stabilisation of the number suffering severe decay, if it can be maintained and indeed reduced, represents not only dental progress, but social progress.

Table B—Caries Prevalence in 5-year old Children

							Percentage free of decay	Percentage with gross decay
1962	...	...	...	...	...	...	18.9	(Not recorded)
1963	...	...	...	...	...	...	19.4	7.9
1964	...	...	...	...	...	...	21.8	10.8
1965	...	...	...	...	...	...	21.9	12.7
1966	...	...	...	...	...	...	23.1	12.7

Evidence from other parts of the country shows that a slackening of effort leads to rapid relapse. The maintenance of effort depends on strength and pressure from the centre. If the staffing structure is not strengthened quickly, as I have urged, then the strain of an overburdened service will reduce the effective pressure for prevention. The strain has already shown in many ways ; without the help of a deputy I am necessarily engaged almost wholly in trying to bolster and patch the holes in an over-strained and diminishing treatment service. For the long-term good of children, our work in prevention is of greater importance than repairing the damage done by disease. Yet this priority is submerged.

Research

Study of the figures for the prevalence of decay among school children, given in the report on the school dental service, show unexplained and wide differences between similar areas. Apart from the occurrence of fluoride in the water at Kempsford and Lechlade, there are no factors that can be recognised as common to high and low decay areas. Progress in prevention depends on increased knowledge of causation. My Interim Report contained recommendations for research into causes of variation in association with the dental departments of Bristol and Birmingham Universities. Both are anxious to help ; the project is at a standstill until time can be allocated to it. Once again a priority is submerged.

Inspection and Treatment for Mothers and Young Children

The figures for these returns are shown in Table C. They are in an entirely new form, similar to the new form for school children, as required by the Ministry. There was a small drop once again in the number of mothers treated, but a rise (possibly due to more accurate recording) in the courses of treatment completed. There was a further and welcome rise in the number of pre-school children inspected and treated. This represents a special effort again by health visitors and various members of the dental staff. At a time of pressure, this is a particularly noteworthy achievement. To continue and increase the numbers inspected will need a continuation of this effort, which again depends on staff recruitment.

Dental officers spent the equivalent of 394 sessions on mothers and young children, 12 sessions less than in 1965, but a slightly higher proportion (4.3%) of the total. Dental auxiliaries spent the equivalent of 42 sessions (3% of their total sessions) on this work ; 7 sessions less than in 1965, and 0.6% less of their time. It is surprising that the dental officers did not make more use of auxiliaries for young children, since they have shown their particular value in this work.

Table C—Dental Services for Expectant and Nursing Mothers and Children under 5 years

PART A. ATTENDANCES AND TREATMENT Number of Visits for Treatment during year	Children 0 - 4 (inclusive)	Expectant and Nursing Mothers
First Visit	884	225
Subsequent Visits	881	453
Total Visits	1,765	678
Number of additional courses of treatment other than the first course commenced during year	138	37
Treatment provided during the year—Number of fillings	1,639	404
Teeth filled	1,415	360
Teeth extracted	830	278
General anaesthetics given	325	35
Emergency visits by patients	20	8
Patients X-rayed	3	17
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	81	88
Teeth otherwise conserved	195	—
Teeth Root filled	—	3
Inlays	—	—
Crowns	—	4
Number of courses of treatment completed during the year	897	199
PART B. PROSTHETICS		
Patients supplied with F.U. or F.L. (First Time) ...		21
Patients supplied with other dentures		24
Number of dentures supplied		72
PART C. ANAESTHETICS		
General anaesthetics administered by Dental Officers		—
PART D. INSPECTIONS		
Number of Patients given first Inspections during year	A. 1,473	D. 227
Number of Patients in A and D above who required treatment	B. 951	E. 214
Number of Patients in B and E above who were offered treatment	C. 951	F. 214
PART E. SESSIONS		
Number of Dental Officer Sessions (i.e. equivalent complete half days) devoted to Maternity and Child Welfare Patients—For treatment		436
For Health Education		475

The pattern of treatment provided is shown in Table D. The rise in fillings and drop in extractions continues the satisfactory pattern, showing that more people avail themselves of treatment before teeth are unsaveable. In young children, it is interesting to see that the ratio of fillings to extractions has increased rapidly two to three years before the stabilisation of the increase in the number of school entrants with severe decay. The treatment provided will not alter the number with ten or more decayed, extracted or filled teeth, but it gives some indication that less really severe decay is seen at an early age, and therefore of the findings that may be anticipated at age 5. For the first time, an average of less than one tooth per child treated was extracted.

Table D—Treatment per 100 Patients

	Mothers			Children under five	
	Fillings	Extractions	Dentures	Fillings	Extractions
1966	180	124	32	185	94
1965	164	133	28	177	104
Average 1960 - 64	171	217	44	115	148

As usual, the work of the dental laboratory is shown in Table E.

Table E—Work of the Dental Laboratory

	Ortho- donic Appliances	Dentures	Repairs and Relines	Crowns and Inlays	Study Models	Other Mechanical Operations	Total No. of Operations
M. & C.W.	—	72	4	4	—	7	87
Total work (inc. M. & C.W., School, R.H.B. and Gloucester City)	1,081	443	124	94	2,335	59	4,136

Training Centres—Dental Inspections and Treatment

Inspection of children under the age of 16 at a Centre was only possible at Warmley in 1966. Many patients both under and over 16 were seen at various clinics at the request of medical officers or mental health workers.

The following gives an outline of the work.

	Under 16	Over 16
Inspected	36	17
Requiring Treatment	27	17
Treated	22	17
Fillings	17	9
Extractions	19	32
Dentures	—	2

(x) HEALTH VISITING

At the end of the year 92 full-time and 2 part-time Health Visitors, 27 combined workers and 4 State Registered Nurses were employed. Of the full-time Health Visitors, 9 were Fieldwork Instructors, and during the year 4 more attended Group Advisers Courses. There were 7 vacancies on the 31st December.

A further 12 Health Visitors were attached to general practitioners, making a total of 22. In two instances 2 Health Visitors are in one practice. A meeting called towards the end of the year revealed the great variety of work within and between various practices. In most cases the work done is preventive medicine, but a reluctance to make proper use of the district nursing service by some general practitioners makes untenable demands on the Health Visitor attached to the practice. It is, however, a two-way learning process and all are learning.

The following visits were made by Health Visitors in 1966.

Children born 1961 - 66	46,772
Persons aged 65 or over	2,140
Mentally disordered persons	154
Persons, excluding maternity and mental disorder cases, discharged from Hospital	288
Number of tuberculous households visited	860
Number of households visited on account of other infectious diseases	141

Health Visitors' Training Course

The Course which terminated on 12th July, was arranged by the North Gloucestershire Technical College in co-operation with St Paul's College of Education. Under the new scheme a final examination arranged by the College replaced the Health Visitors Examination of the Royal Society of Health.

Fifteen students successfully passed the final examination, two with distinction and four with credit. All Students were subsequently awarded the Health Visitors' Certificate of the Council for the Training of Health Visitors.

Four students from other authorities returned to their sponsoring authorities. Eleven students sponsored under the County Scheme were appointed as full time Health Visitors in the County.

Eighteen students were selected to take the present course, nine were accepted under the Council's scheme. Seven were sponsored by other authorities, and one independent student was accepted.

The Course which commenced on 12th September has been lengthened from nine months to twelve months, to include a continuous period of supervised practical experience during the last three months. The extension of the Course aims to provide experience in handling a small area and organising the work under supervision. A report stating that candidates have satisfactorily completed this period of practical work, and have been successful in the examination must be submitted to the Council for the Training of Health Visitors before the Certificates of the Council will be awarded.

Medical Arrangements for Long Stay Immigrants

The Ministry of Health arranged in January, 1965, for medical inspectors at the ports to send the destination addresses to Medical Officers of Health so that the new migrants could be visited as soon as possible after their arrival. This has been done by the health visitors, who in spite of some language difficulties have been able to give information about the health services and to encourage chest X-ray examinations, where appropriate.

The countries issuing the passports were as follows :—

<i>(Commonwealth Countries)</i>				<i>(b) Non-Commonwealth Countries</i>				<i>Total</i>
(i) Caribbean	...	...	4	(i) European	...	...	89	
(ii) India	...	...	6	(ii) Other	...	...	2	
(iii) Pakistan	...	...	4					
(iv) Other Asian	...		11					
(v) African	...	...	1					
(vi) Other	...	...	7					
			<hr/>				<hr/>	<hr/>
			33				91	124

In 1965 252 notices were received in respect of 35 immigrants from Commonwealth Countries and 217 others.

(xi) (a) VACCINATION OF PERSONS UNDER AGE 16 COMPLETED DURING 1966

TABLE I—COMPLETED PRIMARY COURSES

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959- 1962		
1. Quadruple D.T.P.P. ... (Diphtheria, Tetanus, Pertussis, Polio)	71	204	9	3	4	1	292
2. Triple D.T.P. ... (Diphtheria, Tetanus, Pertussis) ...	3,985	4,154	383	109	95	11	8,737
3. Diphtheria/Pertussis ...	1	1	1	—	—	—	3
4. Diphtheria/Tetanus ...	28	32	17	25	482	222	806
5. Diphtheria ...	—	—	—	—	2	2	4
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	1	—	129	665	45	840
8. Salk (Polio Vaccine) ...	20	65	14	6	9	2	116
9. Sabin (oral) (Polio Vaccine)	2,121	6,362	976	339	847	244	10,889
10. Diphtheria ... (Lines 1 + 2 + 3 + 4 + 5)	4,085	4,391	410	137	583	236	9,842
11. Whooping Cough ... (Lines 1 + 2 + 3 + 6)	4,057	4,359	393	112	99	12	9,032
12. Tetanus ... (Lines 1 + 2 + 4 + 7)	4,084	4,391	409	266	1,246	279	10,675
13. Polio ... (Lines 1 + 8 + 9)	2,212	6,631	999	348	860	247	11,297

TABLE 2—REINFORCING DOSES

Type of Vaccine or Dose	Year of Birth					Others under age 16	Total
	1966	1965	1964	1963	1959- 1962		
1. Quadruple D.T.P.P. ... (Diphtheria, Tetanus, Pertussis, Polio)	—	13	100	10	29	3	155
2. Triple D.T.P. ... (Diphtheria, Tetanus, Pertussis)	—	2,049	3,164	526	929	143	6,811
3. Diphtheria/Pertussis ...	—	—	—	1	2	—	3
4. Diphtheria/Tetanus ...	—	21	62	60	5,452	3,483	9,078
5. Diphtheria ...	—	1	3	—	212	744	960
6. Pertussis ...	—	—	—	—	—	—	—
7. Tetanus ...	—	—	—	—	6	115	121
8. Salk (Polio Vaccine) ...	—	17	26	6	25	4	78
9. Sabin (oral) (Polio Vaccine)	—	145	181	64	5,747	545	6,682
10. Diphtheria ... (Lines 1 + 2 + 3 + 4 + 5)	—	2,084	3,329	597	6,624	4,373	17,007
11. Whooping Cough ... (Lines 1 + 2 + 3 + 6)	—	2,062	3,264	537	960	146	6,969
12. Tetanus ... (Lines 1 + 2 + 4 + 7)	—	2,083	3,326	596	6,416	3,744	16,165
13. Polio ... (Lines 1 + 8 + 9)	—	175	307	80	5,801	552	6,915

TABLE 3—SMALLPOX VACCINATION

Numbers	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5 - 15 years	Total
Vaccinated ...	57	78	132	248	4,083	1,249	432	6,279
Re-vaccinated ...	—	—	—	—	4	40	343	387

(b) *B.C.G. Vaccination—School Children*

The acceptance rate continued to rise but even at 85.6% it is still not high enough in view of the valuable protection afforded at the time just before children will be liable to be exposed to the risk of infection with pulmonary tuberculosis.

NUMBERS OF SCHOOL CHILDREN

	County	Cheltenham	Whole County	Grand Total since 1954
Invited	6,981	1,047	8,028	76,866
Tuberculin Tested	5,255	815	6,070	52,080
Positive	804	81	885	9,044
Negative	4,451	734	5,185	43,046
Per cent positive	15.3%	9.9%	14.5%	17.4%
Vaccinated	4,416	743	5,159	42,512
Acceptance Rates	86.7%	77.9%	85.6%	—

(xii) AMBULANCE SERVICE

TABLE A (cases and mileage during 1966) :—

Patients					Mileage				
(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total	(1) Ambs.	(2) Buses	(3) Cars	(4) H.C.S.	(5) Total
74,559	67,025	41,613	45,055	228,252	681,131	249,427	317,131	539,450	1,787,139

492 patients were carried by rail during 1966.

TABLE B (comparative previous totals) :—

<i>Year</i>	<i>Patients</i>	<i>Mileage</i>
1950	67,762	1,209,914
1954	137,439	1,114,894
1958	166,415	1,258,390
1962	200,952	1,441,077
1966	249,427	1,787,139

These figures include all types of cases carried, among whom are mentally handicapped to training centres (21%), physically handicapped to occupation centres (6%), school children to dental, speech therapy, child guidance, etc., clinics. Accidents and emergencies account for 6% of the total carried.

Transport to and from Hospital out-patient clinics remains the major load (63%).

The voluntary members of the Hospital Car Service are a valued part of the Ambulance Service. The work they do, often under difficult conditions, is of the greatest help. These volunteers are still too few, and more would be welcomed.

Stations

A new, purpose-built Sub-Station was opened during 1966 in Northleach, and replaced the unsatisfactory accommodation previously used.

Personnel

106 Driver/Attendants were employed at the end of 1966.

Vehicles

There were in use during 1966, 29 Ambulances, 10 bus type vehicles, 14 sitting case cars, and two vehicles designed for the transport of physically handicapped persons and their chairs.

Civil Defence

In the Ambulance and First Aid section of the Civil Defence Corps, at the end of 1966, were 447 volunteers.

Nine vehicles were in service.

(xiii) PREVENTION OF ILLNESS AND AFTER-CARE

(a) *Chiropody*

Two more Welfare Homes and four new Centres were attended during the year. With the loss of one part-time Chiropodist and inability to recruit more full-time staff the Service became extended and some Sessions had to be rearranged to accommodate increased numbers of patients. The four mobile units continued to give good service. Much of the accommodation rented for Chiropody sessions leaves a great deal to be desired in the way of heating and facilities for the elderly, who sometimes have to wait for long periods. An increasing number of patients require transport and where Hospital Car Service is not available there is a considerable demand on the County Ambulance Service. Chiropody in Cheltenham continued to be provided by private Chiropodists through arrangements with the Old Peoples' Welfare Association.

On 31st December, 1966, there were 7,217 persons on the registers, 364 of whom were awaiting their first appointment. Treatments were as follows, the 1965 figures being shown in brackets.

At Clinics and Centres			Welfare Homes	Blind Homes	Domiciliary Treatment	Total Treatments
Elderly	Physically Handicapped	Expectant Mothers				
20,293 (17,235)	328 (235)	3 (6)	3,232 (2,605)	343 (297)	1,594 (1,297)	25,793 (21,675)

(b) TUBERCULOSIS

At 31st December, 54 persons were receiving free milk at the rate of two pints per day. In 9 cases the supply was reduced to one pint daily. Apart from the extra assistance given to the tuberculous patient by national benefits, substantial and tangible help is given by the ten Voluntary Tuberculous After-Care Committees, who raise their own funds. Some of these Committees, in line with the former National Association, extend their help to sufferers with other forms of chest disease and heart disease.

Summary of formal notifications during the year :—

Age Periods	Formal Notifications														
	Number of Primary Notifications of new cases of tuberculosis														Total
	0-	1-	2-	5-	10-	15-	20-	25-	35-	45-	55-	65-	75-	Age un-known	
Respiratory, Males	—	—	2	5	—	8	5	8	6	11	11	7	—	—	63
Respiratory, Females	—	—	1	1	2	2	5	7	5	7	2	1	2	—	35
Non-Respiratory, Males	—	—	1	—	—	1	—	—	1	2	1	1	—	—	7
Non-Respiratory, Females	—	1	—	1	—	1	—	3	3	—	—	2	2	—	13

Persons removed from Register during the year :—

Reason	Pulmonary	Non-Pulmonary	Total
(a) Withdrawal of notification ...	3	2	5
(b) Recovery	145	24	169
(c) Death	39	1	40
(d) Left County or no trace ...	55	8	63

At the end of the year the total number of cases recorded in the registers kept by the District Medical Officers of Health was 1,956 (1,473 pulmonary, 483 non-pulmonary) as compared with 2,067 (1,572 pulmonary, 495 non-pulmonary) at 1st January. Fourteen of the pulmonary patients died of tuberculosis.

Deaths from Tuberculosis

Age Period	1961		1962		1963		1964		1965		1966	
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.
5 to 14 years	—	1	—	—	—	—	—	—	—	—	—	—
15 to 44 years	—	1	3	1	2	—	2	1	2	2	1	—
45 to 64 years	8	3	8	1	9	3	5	—	8	1	3	—
65 years and over	13	2	9	—	5	2	5	—	12	2	10	—
	21	7	20	2	16	5	12	1	22	5	14	—
Totals	28		22		21		13		27		14	

Mass Radiography Service

The Organising Secretary of the Mass Radiography Service, South Western Regional Hospital Board, has provided the following figures for 1966 in respect of sessions held in Gloucestershire.

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Total X-rayed	19,297	13,851	33,148
Abnormalities detected	332	166	498
No diagnosis yet received	7	3	10
Abnormalities—Active Tuberculosis ...	20	13	33
Requiring Observation ...	6	5	11
Healed Tuberculosis ...	40	38	78
Non-tuberculous Cases	266	110	376

Tuberculosis Welfare

Arrangements with the Bristol Corporation whereby Gloucestershire residents who attend the Bristol Chest Clinics and Hospitals are supervised by Bristol Welfare Officers continued to work smoothly. Thirty-three tuberculous cases were seen by the Social Workers ; 23 of these patients were admitted to Ham Green Hospital and were seen each week when the hospital was visited. Thirty-nine non-tuberculous patients were seen and helped where necessary.

REPORT OF F. J. D. KNIGHTS, ESQ., M.D., M.R.C.P.

SENIOR CHEST PHYSICIAN, NORTH GLOUCESTERSHIRE CLINICAL AREA

Eighty-three new cases of tuberculosis in the northern area of the County of Gloucestershire, including Cheltenham Borough, were handled in the Chest Clinic Service. They are analysed as follows :—

	Haematogenous, including Miliary and Meningeal	Abdominal, Orthopaedic and Cervical Glands	Primary or post-primary infection	Minimal Phthisis	Moderate Phthisis	Advanced Phthisis	Total
<i>County</i>	—	7	12	13	29	3	64
<i>Cheltenham</i>	—	2	—	2	14	1	19

(7 County patients and 1 Cheltenham patient were not examined in this Department).

Of the 64 County patients, 33 were referred from general practitioners.

12 were referred from other hospital departments.

10 were referred from Mass Radiography.

9 were picked up as contacts.

2 of the patients notified were immigrants, both Europeans.

Contact examinations arising out of 63 notifications in the County area are analysed below. A further 8 notifications involved no further contact action, being themselves contacts. They were therefore not included in establishing the averages given here :

Average number of contacts per case : listed 6.7
seen 5.6

Adults

Called 277. Response 221 = 83%.

One man was notified as a result of these investigations—a man of 27 who was picked up on his initial X-ray with minimal pulmonary tuberculosis, having been in contact with his father.

In addition to the above, one contact listed was found to be already a chest clinic patient, and seventeen were referred to chest clinics in other areas for action.

Children

Of 122 children called, 11 did not attend at all, but one of these was known to have had B.C.G. vaccination at school. 11 were tuberculin positive and kept under clinic observation. The remaining 100 are analysed as follows :—

Tuberculin positive, age 0 - 4, referred to G.P.	...	...	...	...	...	1
Tuberculin positive, at school, X-rayed	...	...	...	...	...	1
Tuberculin negative, B.C.G. vaccinated	...	...	...	...	...	76
Tuberculin negative, awaiting B.C.G.	...	...	...	...	...	1
Previous B.C.G. at school, rechecked	...	...	...	...	...	17
Tuberculin neg. and/or X-rayed and discharged	...	...	...	...	...	4

In addition to the above, 5 children were referred to other chest clinics for examination ; two children from Cirencester who were referred to the clinic by their G.P. and were subsequently notified were found to be contacts of an uncle who was a known infectious case of pulmonary tuberculosis in Cheltenham. They had not been included on the original contact list.

At 31st December, 1966, there were 14 cases of known drug resistance in the clinical area.

- 4 patients were resistant to all three major drugs.
- 2 patients were resistant to streptomycin and isoniazid.
- 2 patients were resistant to P.A.S. and isoniazid.
- 5 patients were resistant to isoniazid only.
- 1 patient was resistant to streptomycin only.

Therefore 16 of the patients showed resistance to isoniazid, 8 to P.A.S. and 7 to streptomycin.

No cases were removed from the Drug Resistant Register during the year, but 2 County cases (both in-transfers to the area) were added.

Analysis into areas the Register stands as follows :—

County (excluding Cheltenham Borough)

- 13 cases 4 resistant to all three drugs.
- 2 resistant to P.A.S. and isoniazid.
- 1 resistant to streptomycin and isoniazid.
- 5 resistant to isoniazid only.
- 1 resistant to streptomycin only.

Cheltenham Borough

1 case resistant to streptomycin and isoniazid.

No contacts have been discovered to be infected by drug-resistant cases during the year, and all the cases can be considered co-operative.

REPORT OF R. A. CRAIG, ESQ., B.Sc., M.D., M.R.C.P.
CONSULTANT CHEST PHYSICIAN, BRISTOL CLINICAL AREA

The sex and age distribution of new cases of pulmonary tuberculosis occurring in South Gloucestershire residents notified by Bristol Chest Clinic during 1966, is shown in the accompanying Table. The number of new cases notified in 1966 is the lowest so far recorded. Infectious pulmonary tuberculosis has become a rare disease, except in the elderly male.

Two new cases of non-respiratory tuberculosis were notified in 1966. Both involved glands of neck, one a male aged 59 years and one a female aged 30 years.

Two cases of pulmonary tuberculosis were returned to the register. Both were males originally diagnosed in 1951, aged 61 and 65 years respectively.

There were 8 inward transfers of cases of pulmonary tuberculosis. In one of these the disease was still active, having originally been diagnosed in 1959.

New Cases of Pulmonary Tuberculosis in 1966

Age Group in years	Sputum Negative Cases			Sputum Positive Cases			All Cases		
	Male	Female	Both Sexes	Male	Female	Both Sexes	Male	Female	Both Sexes
0 - 4	1	0	1	0	0	0	1	0	1
5 - 14	0	0	0	0	0	0	0	0	0
15 - 24	0	1	1	1	0	1	1	1	2
25 - 34	0	1	1	0	0	0	0	1	1
35 - 44	0	1	1	2	1	3	2	2	4
45 - 54	0	0	0	0	0	0	0	0	0
55 - 64	2	0	2	6	0	6	8	0	8
65 +	0	0	0	0	0	0	0	0	0
All Ages	3	3	6	9	1	10	12	4	16

ANNUAL REGISTER OF PATIENTS EXCRETING RESISTANT TUBERCLE BACILLI
IN THE BRISTOL CLINICAL AREA (1957 - 1966)
as on 31st December, 1966

Year	New Cases in Year	Resistance		Dead	Quiescent	Transferred	Alive and Active	No. on Register 31.12 e.y.
		Primary	Acquired					
1957	44	10	34	23	12	9	0	44 - 1957
1958	31	3	28	16	12	2	1	36 - 1958
1959	29	4	25	7	21	0	1	32 - 1959
1960	16	1	15	8	5	3	0	35 - 1960
1961	20	2	18	6	11	2	1	45 - 1961
1962	15	3	12	4	9	1	1	30 - 1962
1963	13	2	11	2	7	3	1	27 - 1963
1964	10	2	8	2	4	2	2	21 - 1964
1965	15	5	10	0	8	1	6	26 - 1965
1966	13	0	13	1	0	1	11	24 - 1966

- Notes :
- (1) Of 193 patients found to have Resistant Tubercle Bacilli between 1957 and the end of 1965 only 13 are still alive and have had a positive resistant sputum test within 1966.
 - (2) 13 new cases were discovered in 1966 of whom one has already died and one has been lost sight of and has left the City. There were, therefore, 24 active resistant cases altogether in the Bristol Clinical Area on 31st December, 1966.
 - (3) Of the 24 cases, 10 are resistant to *one drug*, 6 are resistant to *two drugs* and 8 are resistant to *three drugs*.
 - (4) 4 of the 24 cases are from the Weston-super-Mare area and 3 from the Clevedon area.
 - (5) Only one "secondary" case is known to have arisen from all these "resistant" cases during the whole 9 years of observation.

(c) HEALTH EDUCATION

Requests for talks, discussion groups or demonstrations from ready-made groups increased from 237 in 1965, to 347 in 1966, for adult groups ; in schools from 195 to 225 and in youth organisations from 47 to 55. 17 Old People's Clubs were visited.

Talks and discussion groups on the care, behaviour and normal development of young children continued in the Child Welfare Centres and plans are in progress to reorganise the Centres and improve this service.

Further exhibitions and displays have been produced giving opportunities of conveying information to the general public, topics have included the prevention of fire and poisoning accidents, dental and mental health and hypothermia.

The Gloucestershire Association for Mental Health received assistance during Mental Health Week, June 6th to 10th, by the provision of displays, films and speakers.

An increased interest in Cancer Education was evident in 1966. Many more requests for talks, films and discussion groups on this subject have been received. The advent of Cervical Cytology Clinics was probably one of the strongest reasons for this very welcome interest.

An Assistant Health Education Officer was appointed in November to help with the increased work.

A course, "Communication in Health Education," was held in December at St Anne's Diocesan House, Cheltenham, which aims to give practice and instruction in the arts and skills of communication in Health Education, including overcoming personal difficulties, selection and presentation of facts, approach to different types of audience, use of non-auditory aids and what is involved in changing people's attitudes.

Number of Talks given :—

Parentcraft Classes	...	...	...	...	1,036
Adult Organisations	...	...	...	...	345
Youth Organisations	...	...	...	...	55
Schools	...	...	...	...	225
Schools (Smoking and Health)	...	...	...	...	186
Venereal Disease	...	...	...	...	6
Old People's Clubs	...	...	...	...	17

(d) GENERAL

(i) *Home Nursing Requisites*

The British Red Cross Society and the St John Ambulance Brigade continue to act as the County Council's agents for the temporary loan of articles. The two organisations maintained 68 depots and the voluntary effort expended in administering these depots is a source of much satisfaction. Articles which are required for long periods or permanently are supplied through the Department.

(ii) *Rest Homes*

Patients, including old people in need of rest and recuperation, numbering 267 in the year, were sent to voluntary administered homes. This figure excludes mothers with young children sent for Mothercraft training, who have been included in the Maternity and Child Welfare section on this report.

(xiv) HOME HELP

Recruitment difficulties increased during the year and although the number of families helped was higher than ever before, it was only achieved by reducing the number of hours allocated to individual households. The total number of hours of help provided was down by over 10,000 due to a reduction of help available in Cheltenham Borough. In Cheltenham and the Urban part of Charlton Kings and Cheltenham Rural the Service had to be reduced to the minimum because of the increase in the demands on the Service and the failure to recruit and retain suitable staff. Elsewhere in the County recruitment was easier, but the turnover of staff during the year was greater than previous years.

The number of very old people using the Service continued to increase and a survey of the age groups showed that there were 1,500 people between the ages of 76 and 90 receiving help, of whom 300 were 90 years of age and over. Over 1,000 people between the ages of 65 and 75 had regular assistance. Although there was no officially organised good neighbour scheme the survey revealed 60 homes where such a service was being provided on a "popping in" basis.

There were 100 less maternity cases assisted during the year and this was due to a decrease of 50 in the Cheltenham area and a slight decrease in the other areas. 41 families were given short term care during

the temporary absence of the mother and 28 families were prevented from break-up by the provision of home help assistance. Some support was given with the rehabilitation of problem families and in all over 200 children who might have had to be taken into the care of the Children's Committee were able to remain in their own homes.

The night sitting service is little used and recruitment of special staff for this work has been discontinued as it was possible to recruit for this work from existing daily staff as the need arises.

During the year 12 mobylettes were provided for use of home helps.

The increased mobility of these helps relieved the pressure on the resident Service.

Emergency home care lectures were given to 30 home helps who had not been included on the previous years training course.

Home Helps 26 Full-time (including 2 resident staff)

1,187 Part-time and Casual

Total number of Home Help hours for year : 893,965.

Families Assisted

	Aged 65 and over on 1st visit	Aged under 65 on first visit				Total
		Chronics and T.B.	Mentally Disord'd	Matern- ity	Others	
Cases current 1st Jan., 1966	2,147	265	15	29	156	2,612
New cases occurring during the year 	1,144	100	11	913	648	2,816
Resident cases 	2	1	—	17	3	23
Night sitting cases 	5	—	—	—	—	5
Total for year 	3,298	366	26	959	807	5,456

Families investigated where no home help given : 1,113.

(XV) MENTAL HEALTH

1. (a) *Administration*

From early in the year a revised rota system operated with two Mental Welfare Officers available to deal with emergency calls arising outside normal office hours.

(b) *Mental Nursing and Residential Homes*

Two Mental Nursing Homes are still on the Council's register, and are regularly visited.

Heathend Court, Cromhall, ceased to be registered as a Residential Home. Satisfactory placements in alternative accommodation were secured for all the former residents.

(c) *Committee*

The functions of the Mental Health Sub-Committee were transferred to the newly constituted Health (Handicapped Persons) Sub-Committee.

2. STAFF

(a) *Social Workers*

The following schedule shows the progress made towards securing a fully trained and experienced staff.

Post held	Certificate in Social Work	Holding Declaration of Recogni- tion of Ex- perience in Social Work	Attending Qualifying Courses	Others	Numbers Employed
Senior Mental Welfare Officers	1	4	1	1	8
Mental Welfare Officers	3	—	3	6	12
Totals	4	4	4	7	20

(b) Training Centre Staff

The Training Council for Teachers of the Mentally Handicapped has issued Declarations of Recognition of Experience for Teachers of the Mentally Handicapped to teachers of the mentally handicapped who fulfil the qualifying conditions and wish to apply for such recognition. Applications have been submitted by the three members of Training Centre Staff who meet the qualifying conditions.

The following schedule shows that most of the teaching staff are now qualified and/or experienced.

Training Centres Staffs	N.A.M.H. Diploma	Other Qualifica- tions	Attend- ing Courses	Unqualified—Training Centre Service					Totals
				Over 10 yrs.	8 - 10 yrs.	6 - 8 yrs.	4 - 6 yrs.	less than 4 yrs.	
Head Teachers	5	—	—	—	—	—	—	—	5
Managers	2	—	—	—	—	—	—	—	2
Instructors	4	2	2	2	—	—	—	5	15
Teachers	8	2	—	—	—	—	—	—	10
Assistant Super- visors	—	—	2	2	3	—	2	4	13
Trainee Assist. Super- visors	—	—	1	—	—	—	—	3	4
Totals	19	4	5	4	3	—	2	12	49

3. WORK UNDERTAKEN IN THE COMMUNITY

(a) Mental Illness

(i) COMMUNITY CARE

At 31st December, 1966, the Mental Welfare Officers were visiting 829 patients, as compared with 832 (31.12.65), 708 (31.12.64), and 480 (31.12.63).

(ii) HOSPITAL ADMISSIONS AND DISCHARGES

The Mental Welfare Officers were directly concerned with the admission of 559 mentally ill patients. This was fewer than in 1965, when they dealt with 595 patients, but an increase over the previous years—448 (1964), and 408 (1963).

Informal	...	...	...	245 (43.8%)
Observation	...	...	...	134 (23.9%)
Treatment	...	...	...	23 (4.2%)
Emergency	...	...	...	156 (27.9%)
Court Orders	...	...	...	1 (0.2%)
				559

The following table of admissions is based on information supplied by the Secretaries of the Hospitals concerned :

Hospitals						Informal	Subject to detention	Totals
Horton Road and Coney Hill	...	...	...	...	...	663	251	914
Glenside	...	...	...	...	...	192	26	218
Barrow	...	...	...	...	...	130	22	152
Littlemore, Oxford	...	...	...	...	...	21	7	28
Totals	...	...	...	...	...	1,006	306	1,312

The number of patients admitted in 1965 was 1,208—890 informally, and 318 on a compulsory basis. During 1966, 77% of admissions were arranged on an informal basis, compared with percentages of 74%, 78%, and 73% in each of the three previous years. Applications for treatment and longer-term detention, under Section 26 of the Act, were necessary for only 26 of the 1,312 patients admitted. The Ministry of Health issued Circular 23/66 in October, drawing attention to the high proportion of the compulsory admissions to hospitals recorded in the national statistics, effected under the short-term powers of Section 29. The Consultant Psychiatrists met the Mental Welfare Officers, at Horton Road, and Coney Hill Hospital, to discuss this question. From published statistics, it appeared that the proportion of Emergency (S.29) admissions in Gloucestershire was lower than for many other areas but it was hoped by more effective liaison to further reduce the number of Emergency admissions. Of the cases with which Mental Welfare Officers were concerned in 1966, there were fewer Section 29 admissions—i.e. 156 (27.9%), compared with 199 (33.4%) in 1965, 135 (30.1%) in 1964, and 145 (35.5%) in 1963.

(b) *Mental Subnormality*

(i) COMMUNITY CARE

Two hundred and ten new cases were referred, compared with 246 (1965), 216 (1964) and 193 (1963). The majority of the referrals were made informally.

Source of Referral	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
LOCAL EDUCATION AUTHORITY Unsuitable for education at School...	2	—	—	—	2	6	5	—	—	11	13
For care and guidance after leaving school	18	15	32	19	84	—	—	—	—	—	84
Informal referral for diagnostic atten- dance at Training Centres ...	1	2	—	—	3	—	—	—	—	—	3
As obviously unsuitable for education at school	5	2	—	—	7	5	4	—	—	9	16
Other Local Health Authorities ...	2	1	4	4	11	2	1	2	—	5	16
On discharge from hospital	—	—	5	4	9	—	1	3	1	5	14
Police and Courts	—	—	1	—	1	1	—	—	—	1	2
Others (e.g. By Parents, M.W.O's, Children's Officer, etc.)	8	4	27	9	48	7	4	3	—	14	62
Totals	36	24	69	36	165	21	15	8	1	45	210

The register, at 31st December, 1966, included 1,873 subnormal patients, compared with 1,815 at 31.12.65.

During 1966, the names of 60 persons were removed from the register. They had all succeeded in maintaining employment and acceptable social standards. A further 44 patients left Gloucestershire and 26 died. The register at 31st December, 1966, included :—

Nature of care, treatment and guidance	Subnormal					Severely Subnormal					Totals
	Under 16		Over 16		Total	Under 16		Over 16		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Receiving care and guidance in the community	63	43	388	304	798	90	76	162	143	471	1,269
Under Guardianship ...	—	—	—	—	—	—	—	1	1	2	2
In Hospital (including patients on leave) ...	10	8	122	116	256	58	26	136	126	346	602
Totals	73	51	510	420	1,054	148	102	299	270	819	1,873

Of the persons receiving care and guidance in the community, 365 were in regular employment, as follows :—

Agriculture	53	Local Authorities	14
Domestic Work	74	Remploy Factories	6
Factories	140	Retail Trades	16
General Labour	37	Other Work	25

(ii) GUARDIANSHIP

During 1966, one Guardianship Order was allowed to lapse, as the patient concerned had maintained consistent progress and was felt to be capable of coping with a less restrictive form of supervision. A further Guardianship patient moved to Bristol.

At 31st December, 1966, there were only two patients under Guardianship, both residing in the Cheltenham area.

(iii) ASSESSMENT CLINICS

During 1966, 15 appointments (10 new cases and 5 for follow-up) were arranged for Gloucestershire patients at the Bristol Assessment Clinic. At the Gloucestershire Royal Hospital 109 appointments (34 new cases and 75 for follow-up) were made.

(iv) ADMISSIONS TO HOSPITAL

Hospitals	Informal	Subject to Detention		Total
		On Application	Court Orders	
Stoke Park	11	4	1	16
Hortham	2	1	—	3
Brentry	—	—	1	1
Pewsey	1	—	—	1
Sandhill Park (Farleigh)	1	—	—	1
Totals	15	5	2	22

The list of patients awaiting vacancies for long-term hospital care increased from 74 (31.12.65) to 77 at 31st December, 1966.

	Male		Female		Total
	Under 16	Over 16	Under 16	Over 16	
Urgently requiring admission	1	5	2	1	9
Early admission desirable	10	6	10	3	29
Included in list to cover possible breakdown of present arrangements (e.g. illness of parents, loss of residential employment)	5	13	5	16	39
Totals	16 (3)	24 (2)	17 (1)	20 (1)	77 (7)

The figures in brackets show the number of patients—including in the total figures—within the Oxford Regional Hospital Board area.

Included in the waiting list are 9 subnormal children below the age of five years.

During 1966, short-term care was arranged for 46 patients, compared with 64 (1965), 55 (1964) and 59 (1963).

(v) TRAINING CENTRES

In 1966 there were 50 new cases admitted to the Training Centres—the highest annual intake yet recorded. The steady increase is illustrated by the following table :—

1957 — 271 trainees	1962 — 394 trainees
1958 — 275 trainees	1963 — 412 trainees
1959 — 314 trainees	1964 — 438 trainees
1960 — 355 trainees	1965 — 463 trainees
1961 — 365 trainees	1966 — 513 trainees

The following table shows the proportion of adults on the register of each Centre, and the average daily attendance of trainees during the year.

Training Centre	Average % Daily Attendance	Total Number on Register at 23.12.66	Number of Adults (i.e. over age 16)	Full-time Staff
Blackhorse Adult	80%	81	81	9
Cheltenham Junior	79%	105	11	13
Cheltenham Adult	84%	78	78	7
Cinderford	86%	71	40	7
Cirencester	86%	50	31	5
Stonehouse	88%	70	49	7
Warmley Junior	87%	58	4	8
Totals	84%	513	294	56

Included on the registers are two trainees from Worcester, one from Berkshire, and six who are physically handicapped.

An additional adult classroom and store was completed in December, 1966, at the Cirencester Centre. The North Cotswold trainees, previously attending the Home Teaching group, are now attending the Cirencester Centre, and the Cirencester area trainees will shortly be transferred to the Cirencester Centre from the Cheltenham Centres. This will relieve some of the pressure from the Cheltenham Centres.

The Dining Hall extensions at the Cheltenham Adult Centre were opened in 1966, and have released the former Hall and kitchen for use as social training classrooms.

(vi) HOME TEACHER

This service was discontinued and the trainees are now attending the Cirencester Centre, pending the opening of the Moreton-in-Marsh Centre which is planned for 1969/70.

(vii) VOLUNTARY AGENCIES

The members of the Gloucestershire Association for Mental Health and the Gloucestershire Branches of the National Society for Mentally Handicapped Children have again been most helpful and generous. They were also of great help in sponsoring and organising Mental Health Week activities, which included an essay competition for older school children on the subject of Mental Health.

(viii) HOSTEL—RESIDENTIAL ACCOMMODATION

Merrowdown was virtually fully occupied throughout the year. About two-thirds of the residents are in regular employment with earnings adequate for the payment of their maintenance charges, to improve their wardrobes and to show appreciable increases in their savings accounts. There is a waiting list for placement in hostels for male and female subnormal persons.

(ix) SOCIAL CLUBS

The attendances at these Clubs now include up to 315 members. A Club was opened at the Cinderford Centre. The extension of the Hall at the Blackhorse Adult Centre is now complete, from funds made available by the Stanley Park Club Committee.

(x) GENERAL DEVELOPMENTS

The Parents group of the Stonehouse Centre, with generous help from other voluntary organisations, has provided a new mini-coach for use by the Centre, for outings and to assist the trainees in attending the evening Social Club functions.

A Staff Conference was held at Stoke Park Hospital, by the kind co-operation of the Hospital Management Committee. Over 150 delegates attended, including members of the Children’s Department, Probation Officers, Health Department, Hospital Staff, and Staff of neighbouring Authorities. Regular meetings of the Mental Welfare Officers, Training Centre Senior Staff and Hostel Staff were continued.

3. National Assistance Act, 1948

CARE OF HANDICAPPED PERSONS

(a) Blind

(i) AGE AT ONSET OF BLINDNESS OF NEW CASES :—

	0	1	2	3	4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80- 84	85- 89	90 +	Un- known	Total
M	2	-	-	-	-	-	-	1	1	3	1	3	1	2	15	12	4	1	-	46
F	2	-	-	-	-	1	-	1	1	-	4	10	2	5	33	19	14	4	2	98
T	4	-	-	-	-	1	-	2	2	3	5	13	3	7	48	31	18	5	2	144

The total number of blind persons in the County was 1,100 as compared with 1,058 in 1965. Above registrations do not include transfers from other authorities.

(ii) RECOMMENDATIONS OF OPHTHALMIC SURGEONS AND CAUSES OF BLINDNESS

Recommendations	Causes		
	Cataract	Glaucoma	Other
(a) No Treatment	20	6	27
(b) Treatment (Medical, Surgical or Optical)	34	14	43
(c) Number of Cases which on follow up action have received treatment	30	12	41

(iii) EDUCATION AND EMPLOYMENT

Age Under 2	At Home	...	...	...	...	...	1
Age 2 - 4	At Home	...	...	...	...	...	5
	—Ineducable	...	...	...	...	...	2
	Nursery School	...	...	...	...	...	1
Age 5 - 15	—Special School 4, Other Defects 1	...	...	...	...	...	5
	—Ineducable	...	...	...	...	...	10
Age 16 - 20	At School 3, Employed 2	...	...	...	...	...	5
	Undergoing Training for Open Employment	...	...	...	...	...	2
	Undergoing Training—Professional Employment	...	...	...	...	...	1
	Unemployed subject to Training	...	...	...	...	...	4
	Unemployed but capable without Training	...	...	...	...	...	4
	Workshops for the Blind	...	...	...	...	...	8
	Homeworkers	...	...	...	...	...	15
	Gainfully Employed	...	...	...	...	...	94
Not available	16 - 59	...	...	...	...	...	64
	60 - 64	...	...	...	...	...	39
Not Capable	16 - 59	...	...	...	...	...	59
	60 - 64	...	...	...	...	...	17
Over 65	...	...	...	...	...	...	764
Total							1,100

(iv) INDUSTRIAL REHABILITATION

During the year 3 men and 1 woman attended the Rehabilitation Centre, Torquay. Of these one has been found employment in open industry, one is undergoing further professional training, one is still awaiting employment, and one has been found employment at the Rehabilitation Centre.

(v) HOMEWORKERS' SCHEME

There are now 14 Homeworkers gainfully employed in the Scheme, one man having left the scheme during the year for employment in open industry. The Scheme covers such diverse occupations as Salesmen, Shopkeepers, Basket Makers, Piano Tuners and Machine Knitters.

(vi) WELFARE SERVICE

Fifteen thousand one hundred and forty seven visits were made by the Social Welfare Officers. Seven thousand five hundred and thirty-six lessons were given in Braille, Moon and handicrafts to persons in their own homes.

(vii) SOCIAL AND HANDICRAFT CENTRES

Social Centres were held weekly in Cheltenham and monthly in Almondsbury, Cirencester, Cinderford, Kingswood, Stroud and Wotton-under-Edge.

We are indebted to many people in the County who entertained local blind people in their homes, and to those who give help in many other ways.

Four Handicraft Centres are held in the County at Cinderford, Kingswood, Longlevens and Stroud, at which various crafts are taught to develop the tactile sense.

(viii) GLOUCESTERSHIRE COUNTY ASSOCIATION FOR THE BLIND

The Voluntary Association financed two group holidays for blind persons from the Stroud, Warmley and Kingswood areas at Paignton. The Association also helped many blind people in the County with grants, purchase of aids, special apparatus, books, etc., provided batteries for the wireless sets given by the British Wireless for the Blind Fund, as well as financing the rental for Talking Books. In addition a generous monetary gift was given to each blind and partially sighted person at Christmas. The Voluntary Association financed transport, hire of halls, etc., for Social and Handicraft Centres. The help given by the Voluntary Association is deeply appreciated by all concerned, and does much to further the welfare of the blind.

(ix) SALES

The Sales Organiser again arranged many Sales during the year, and due to her untiring efforts an increased number of articles made by blind persons both at home and at classes was sold.

(x) DEAF/BLIND

Quarterly Meetings were held for this doubly handicapped group of people, whose only means of communication is by the use of the Manual or by the use of block letters written on their hands. A five days' course was run by the Western Regional Association for the Blind to help retain use of speech, develop means of communication, etc.

(xi) HOMES

Ellerslie, Albert Road, Cheltenham

This Home accommodates 37 blind people. Life is made more varied and interesting for the residents by the voluntary visitors who undertake letter writing, shopping, etc., and our thanks are due to all who help so willingly and regularly in this way.

Ferney Hill, Dursley

This Home caters for 23 elderly, infirm blind people, who need additional care. Entertainments given by outside organisations have been very much appreciated by the residents, most of whom are not able to go out at all. The interest in the home taken by voluntary helpers in the area is also deeply appreciated by the residents.

(b) Partially Sighted

During the year 49 names were added to the Register, excluding transfers from other areas. This made a total of 218, showing an increase of 21 on the previous year.

(i) REGISTER—AGE GROUPS, 31ST DECEMBER, 1966

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M	1	3	21	18	35	9	25	102
F	—	—	10	4	15	13	74	116
T	1	3	31	12	50	22	99	218

The following shows how the Register is compiled :—

Ages			
0 - 1	At Home or Unsuitable for Education at School		1
2 - 4	At Home or Unsuitable for Education at School		3
5 - 15	At Special Schools		10
	At Other Schools	14	
	Unsuitable for Education at School ...	7	
		—	21
16 - 20	At School	1	
	Undergoing Training	1	
	Employed	8	
	Available and capable of training or work	1	
	Not available	1	
		—	12
Over 21	Training	4	
	Unemployed	3	
	Employed	46	
	Not available	118	
		—	
	Total	218	
		—	

(ii) NEWLY REGISTERED (excluding Transfers from other areas)

	0 - 1	2 - 4	5 - 15	16 - 20	21 - 49	50 - 64	65 plus	Total
M	1	3	2	—	1	2	10	19
F	—	—	1	—	3	4	22	30
T	1	3	3	—	4	6	32	49

(iii) RECOMMENDATIONS OF OPHTHALMIC SURGEONS—CAUSES OF PARTIAL BLINDNESS

Recommendations	Causes		
	Cataract	Glaucoma	Others
(a) No Treatment	10	0	13
(b) Treatment (Medical, Surgical or Optical)	12	4	10
(c) Number of Cases which on follow up action have received treatment	8	3	7

c) Deaf

A total of 884 visits were made during the year 1966, as follows :—

Under 2 years	...	...	...	...	...	13
2 - 16 years	...	...	...	...	...	293
16 - 65 years	...	...	...	...	...	370
Over 65 years	...	...	...	...	...	208

The Welfare Officer made fewer visits in the first half of the year due to attendance at a Social Work Course.

Adult Rehabilitation Class

In June an Adult Rehabilitation Class was started on second and fourth Tuesday evenings at Cheltenham General Hospital to alternate with a similar class at Gloucester Royal Infirmary on first and third Wednesday evenings.

Cheltenham Deaf and Hard of Hearing Club

This continued to meet fortnightly with a newly-formed Youth Section.

Visits by the Welfare Officer were made to housebound deaf to test with hearing aids at the request of General Practitioners, Ministry of Social Security, etc., and were followed up by accompanying the Otologist on domiciliary visits to 15 of these cases.

Twenty-one pre-school children whose hearing was suspect or at risk were screened during the year by the Welfare Officer, and of these 11 were referred to the Hearing Assessment Clinics for clinical testing.

At a meeting to discuss liaison between Health and Education Services, it was apparent that not all babies whose hearing was at risk were being referred for screening, particularly children whose mothers were "rubella" contacts in early pregnancy, or who were jaundiced as a result of the rhesus factor.

(d) Handicapped (other than Blind, Partially Sighted and Deaf)

The number on the register at the end of 1966 was 2,447, and during the year 162 new cases were referred for assistance. 195 handicapped persons, chiefly over 70 years of age, received some form of assistance, mainly with aids. Their names were kept on a separate register, being referred to the Welfare Department where necessary. The following table shows the new method of analysing the figures :—

Major Handicaps	Under 16	16- 29	30- 49	50- 64	65+	Total
Amputations	—	4	15	33	65	117
Arthritis or rheumatism	1	6	36	146	399	588
Congenital malformations or deformities	41	33	21	15	18	128
Diseases of the digestive and genitourinary systems, of the heart or circulatory system, or the respiratory system (other than tuberculosis) or of the skin	7	21	21	71	65	185
Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine	54	69	85	100	130	438
Organic nervous diseases—epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc. ...	30	111	151	207	223	722
Neuroses, psychoses, and other nervous and mental disorders not included in line 6	1	1	2	7	8	19
Tuberculosis (respiratory)	—	7	25	19	22	73
Tuberculosis (non-respiratory)	2	8	17	13	16	56
Diseases and injuries not specified above	7	20	11	32	51	121
Total (Female 1,314, Male 1,133)	143	280	384	643	997	2,447

Occupational Therapy

There were 6 full time and 1 part-time Occupational Therapists, for domiciliary therapy and operating centres at Little Stoke, Cheltenham, Stroud, Soundwell, Cirencester and Cinderford.

The Centre at Leaholme, Cirencester, now meets for 2 days each week, and is used weekly for a social club and regularly for meetings of the Area Care Committee.

The Forest of Dean Centre, Cinderford meets for 3 days each week. On the third day a special class has been started to give more individual instruction to the severely disabled who have great difficulty in using their hands.

The number of domiciliary visits made by the Occupational Therapists during the year was 5,180 and 536 disabled people received occupational therapy including help with aids to daily living and instruction in craftwork.

Welfare Officer

The Senior Welfare Officer, with the part-time help of a newly trained Welfare Officer, found it possible to carry out more casework in the South of the county, and the register was brought up to date.

Social Clubs for the Disabled

Clubs for the disabled became increasingly popular and new clubs were started during the year at Coalpit Heath and Alveston. Members of the British Red Cross Society ran these clubs very successfully. Membership continued to increase in the well established clubs meeting regularly in Dursley, Cheltenham, Cirencester, Stroud, Stow-on-the-Wold and Gloucester.

Plans were made to open a Club at Cinderford as soon as the new centre with its larger rooms is available early in 1967.

St. Francis' Day Centre for elderly disabled met fortnightly in better premises at St. John's Hall, Churchdown.

Disabled Motorists

Applications for the special Yellow Discs issued to disabled motorists have increased from 26 in 1965 to 44, and 17 had badges renewed. A total of 248 disabled people have applied for badges since the scheme was started. Many acknowledged the benefits received from displaying these discs, especially with regard to parking. They are also of great value when crossing the Severn Bridge, as users are exempt from paying the toll charge.

Holidays

Many disabled people have benefited from holidays arranged at Burnham-on-Sea, Weston-super-Mare, Yelverton, Worthing and Minehead.

Members of the Social Clubs have again enjoyed a week at Westward Ho Holiday Camp, North Devon, arranged for them by British Red Cross Society.

Voluntary Help

The social side of the work was very greatly helped by the 8 Area Committees who arranged parties, coach outings, visits to the cinema and shopping expeditions, and provided many extra comforts for the disabled in their district, using the funds they have raised. The Committees met regularly and most of the 130 Committee Members help by visiting those who are severely disabled or live alone. Voluntary help was also given with the selling and marketing of goods made by the disabled.

Equipment on Loan

Aids for the handicapped to enable them to alleviate the limitations of their disablement have continued to be provided. Several hundred items were on loan including articles such as walking aids (460), hoists (42) and special bedsteads (25).

(e) SALE OF GOODS MADE BY BLIND AND PHYSICALLY HANDICAPPED

The Sales Organiser together with other members of the Staff gave 18 talks during the year, and attended 82 Sales, including the Ideal Homes Exhibition in Gloucester Park and the Three Counties Show at Malvern. The latter sale resulted in takings of £286 over the three days.

Many local firms and organisations still give valuable support which is greatly appreciated.

In June, an Assistant Sales Organiser was appointed, as a result of which it will be possible to widen the outlet of Sales.

Sales during the year amounted to £7,037 compared with £5,250 in 1965.

(f) WELFARE ASSISTANTS

The scheme for In-service Training continued with the Welfare Department and the Cheltenham Borough Council. Five assistants commenced full-time courses in Colleges of Further Education in September, and two who successfully completed two years' full-time training in July, were appointed as Social Welfare Officers. At the end of the year one assistant was engaged in the Department on In-service Training and seven assistants were in attendance at full-time courses.

SECTION C**DISEASES****1. Infectious Diseases**

Notifications of infectious diseases during the year are set out in Table II at the end of this report.

(a) Diphtheria

1966 was the thirteenth year in succession without a case of Diphtheria.

(b) Scarlet Fever

The number of notifications was 271 as compared with 341 in 1965.

(c) Measles

There were 5,544 cases notified as compared with 7,566 in 1965, showing the biennial decrease, which was much less marked than usual.

(d) Whooping Cough

The number of cases notified was 200 as compared with 95 in 1965.

(e) Pneumonia

There were 47 cases of notifiable pneumonia as compared with 51 in 1965. Of these 10 occurred in urban districts and 37 in rural districts. 352 deaths were recorded as compared with 327.

(f) Influenza

Although there was no Influenza epidemic in 1966, 65 deaths were recorded as due to or associated with this disease.

(g) *Gastro-Intestinal Diseases*

Seventy-five cases of dysentery were reported as compared with 106 in 1965, 5 in urban districts and 70 in rural districts.

(h) *Diseases of the Central Nervous System*

There were no reported cases of anterior poliomyelitis.

(i) *Puerperal Pyrexia*

There was a slight increase in the notifications to 50 (48 in 1965).

2. **Venereal Disease**

REPORT BY A. E. TINKLER, ESQ., M.A., M.D., D.P.H.

Consultant Venereologist, South Western Regional Hospital Board

In 1965 there was a very marked increase in the number of Gloucestershire patients seen at the Venereal Disease Clinics at the Gloucester Royal Hospital, Cheltenham General Hospital and at the Bristol Clinics.

In 1966 there was a further marked increase. The total number of new Gloucestershire patients seen at these clinics in 1966 was double the figure for 1959. The 1966 increase, however, is rather misleading since the 647 new cases include 111 female patients temporarily resident in the county during their sojourn at the recently opened Pucklechurch Remand Home. Excluding these cases there was a slight fall in the total number of new patients seen.

TABLE I

New Cases : All Conditions—Gloucestershire County Residents

Year	New Cases		
1959	318
1961	443
1963	409
1965	555
1966	647

Syphilis

Although the incidence of early syphilis in England and Wales continues to rise the total number of such cases remains small. During the year only one case of early syphilis was seen at the Gloucester Clinic and two such cases at the Cheltenham Clinic. Two cases of congenital syphilis in county residents were diagnosed in 1966, but, since both were over 20 years of age neither case represents a recent missed case of maternal syphilis.

Gonorrhoea

The number of county residents treated for this condition in 1965 was higher than at any time since the war and showed a very disturbing increase over the previous year. In 1966 this trend was halted and the figures show a small, but significant, decrease from the previous year.

TABLE 2

Incidence of Gonorrhoea

England and Wales and Gloucestershire Patients—1955 - 1966

Year	England and Wales	Gloucestershire
1955	17,681	45
1959	31,320	66
1963	35,522	83
1965	36,615	140
1966	37,449	113

3. Malignant Diseases

I am obliged to Mr L. Leyland, M.B.E., the Records Officer of the South Western Regional Cancer Records Bureau, for the following statistics which are of particular interest. They relate to the part of the County in the South Western Regional Hospital Board's area.

(i) *Registrations in 1966*

[illegible]

(ii)—*Survival Table—Persons Registered in 1961 (cont.)*

I.S.C.	Malignant Neoplasms								Registered	Alive 31.12.66
177	Prostate	...	...	...	...	...	...	...	36	3
178	Testis	...	...	...	...	...	...	...	4	3
179	Unspecified Male Genital Organs	...	...	...	...	...	...	...	2	1
180	Kidney	...	...	...	...	...	...	...	13	2
181	Bladder	...	...	...	...	...	...	...	41	15
190	Melanoma	...	...	...	...	...	...	...	10	4
191	Skins (including Rodent Ulcers)	...	...	...	...	...	...	...	105	100
192	Eye	...	...	...	...	...	...	...	1	—
193	Brain and Central Nervous System	...	...	...	...	...	...	...	21	2
194	Thyroid	...	...	...	...	...	...	...	6	1
195	Endocrine Glands	...	...	...	...	...	...	...	1	—
196	Bones	...	...	...	...	...	...	...	5	1
197	Fibrosarcoma	...	...	...	...	...	...	...	4	1
198	Secondary Nodes	...	...	...	...	...	...	...	4	2
199	Carcinomatosis and Others	...	...	...	...	...	...	...	18	—
200	Lymphosarcoma	...	...	...	...	...	...	...	7	—
201	Hodgkins	...	...	...	...	...	...	...	7	2
202	Reticulosis	...	...	...	...	...	...	...	3	1
203	Multiple Myeloma	...	...	...	...	...	...	...	6	—
204	Leukaemia	...	...	...	...	...	...	...	25	2
205	Mycosis Fungoides	...	...	...	...	...	...	...	—	—
Totals ...									1,021	283

SECTION D

SANITARY CIRCUMSTANCES OF THE COUNTY

(i) RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 - 1965.

During the year the Housing Services Committee considered 6 water supply schemes and 25 sewerage and sewage disposal schemes. The total estimated cost was £36,413 for water supply and £994,971 for sewerage and sewage disposal.

For the financial year 1965/66 the County Council made contributions under the County scheme for financial assistance to District Councils amounting to £58,411 for water schemes and £95,377 for sewerage and sewage disposal.

(ii) WATER

Extentions of piped supplies continued, and bacteriological and chemical examinations were regularly carried out in all areas. The following items of particular interest have been extracted from the reports of the District Medical Officers of Health.

Charlton Kings Urban District

Two existing and 100 new premises were connected.

Cirencester Urban

913 yards of new main were laid by the Cotswold Water Board.

Nailsworth Urban

A sample from the private piped supply was submitted for chemical analysis and found to be satisfactory.

Stroud Urban

The North West Gloucestershire Water Board made bacteriological reports available in respect of 81 samples of mains water. All samples were satisfactory. About 99.5% of the inhabited houses are served by a main supply. A number of hygiene improvements to sources of private supply were undertaken and these resulted in better bacteriological results.

Cirencester Rural

The Cotswold Water Board completed new mains in Fairford, Hatherop and Horcott, Fairford and Lechlade, Southrop and Eastleach.

Reports on samples from the public systems were received regularly from the Cotswold Water Board. 38 samples taken on distribution and submitted for bacteriological examination were all satisfactory. Three samples of supplies on distribution taken by the Council's Inspectors were all satisfactory.

Of 21 samples taken from Estate supplies and submitted for bacteriological examination, 10 were satisfactory and 11 unsatisfactory. One sample submitted for chemical examination was satisfactory.

Twenty-nine samples for bacteriological examination were taken from sources serving individual properties and of these 15 were unsatisfactory. Of 5 samples submitted for chemical examination, 3 were unsatisfactory.

Action was taken in appropriate cases to secure necessary improvement.

Dursley Rural

Nine samples from public supplies submitted for bacteriological examination were all satisfactory. Two of the three samples sent for chemical analysis were unsatisfactory. Fourteen samples from private supplies were submitted for bacteriological examination, nine of which were unsatisfactory. Of the five submitted for chemical analysis, one was unsatisfactory.

Gloucester Rural

5,788 yards of new mains were laid in various parishes.

North Cotswold Rural

The Cotswold Water Board extended the main supply to Ebrington to serve 4 houses where the private supply had become inadequate.

Northleach Rural

The Cotswold Water Board laid 14,999 yards of mains located in the following districts :—
Fosseway Link—Stowell Park—Bourton, Whiteshoots Hill, Salperton—Westfield, Andoversford, Eastington, Calcot.

Thirteen samples were taken of which all eight chemical samples were unsatisfactory. These were from the source at Salperton where mains water is now available. One of the five bacteriological samples was unsatisfactory and the source has been discontinued.

Tetbury Rural

The supply is satisfactory in quantity and quality in all parishes except Kingscote and Ozleworth. Improvements to private supplies in Ozleworth were still proceeding and the scheme for supplying Kingscote was commenced. All three samples from public supplies were satisfactory. Of the fifteen samples from private supplies 7 were unsatisfactory. There was no plumbo-solvent contamination. 500 yards of mains were laid in Tetbury and Avening in connection with new housing schemes.

(iii) SEWERAGE

Cirencester Urban

Four new extensions were carried out in different parts of the town and included extensions for new Council housing developments.

Nailsworth Urban

Seventy-eight new dwellings and nineteen existing dwellings were connected to the sewers. Approximately 243 yards of six inch sewer were laid in connection with the Council's new housing estate.

Stroud Urban

Painswick Valley Sewer was completed as far as the bridge on the Painswick Road. The summer Street storm water relief sewer was also constructed, alleviating a serious flooding problem.

Tewkesbury Borough

The present works are reaching their design capacity.

Cheltenham Rural

The following works were completed :—

Improvements to the sludge beds, Alderton/Gretton Sewage Works.

Enlargement of Badgeworth Sewage Works.

Installation of larger pumping equipment at Swindon Pumping Station.

At the end of the year work was in progress at the new disposal works and pumping station at Twynning and for the enlargement of the Winchcombe works.

Cirencester Rural

A septic tank emptying service was introduced which is available without extra charge to ratepayers in unsewered areas.

East Dean

Steady progress was maintained with the construction of new works at Crump Meadow. These will treat the sewer from Drybrook and part of Cinderford and thus reduce the load on the Soudley works.

Lydney Rural

Good progress was made with the Tidenham Scheme and plans were being made to treat the sewage of Lydney Town. Infiltration into the sewers at Alvington and Woolaston reduced the efficiency of the works serving these parishes.

North Cotswold Rural

The sewerage of Lower Slaughter and the relaying of defective and inadequate sewers in Bourton-on-the-Water was completed. The scheme for the sewerage of Ebrington was commenced as was the extension of the works at Chipping Campden.

Northleach Rural

The scheme at Sherborne started and is expected to be completed by mid 1967.

Sodbury Rural

The Frenchay scheme commenced in November was scheduled for completion in March, 1967. It will serve 85 properties at an estimated cost of £10,500. The Hawkesbury, Upton and Horton scheme designed to serve 353 properties at an estimated cost of £135,072 was commenced in April.

Tetbury Rural

The relaying of defective sewers in Tetbury was completed. A start was made on the provision of a separate surface water sewerage system in the centre of Tetbury and some 340 yards of nine inch surface water sewer was laid. Good progress was made on the new scheme for Didmarton and Leighterton including a combined disposal works at Didmarton. 840 yards of new sewers were laid in Tetbury and Avening in connection with housing schemes.

Warmley Rural

The new trunk sewer to serve the Warmley District is proceeding satisfactorily and has now reached Hencliffe Woods near the Chequers. It is expected that $5\frac{1}{2}$ miles of sewer will be completed and serving the south portion of the district by the end of 1968.

West Dean

Coleford and parts of the Broadwell ward are sewered to the Newland works. Lydbrook also is sewered. The scheme to sewer Bream, Whitecroft, Parkend, Pillowell and Yorkley was being prepared. Milkwall, Clearwell and Newland also need to be sewered.

(iv) HOUSING
The table below gives details of slum clearance and new houses and flats completed during the year.

				Slum Clearance				New Houses & Flats Completed	
				Houses				Council	Private Dev.
				Dem.	Closed	Part Closed	Made Fit		
Charlton Kings U.	...	...	...	—	6	I	8	—	I50
Cheltenham B.	...	...	...	I3	26	II	I8	24 (6)	479
Cirencester U.	...	...	...	4	—	—	7	II	58
Kingswood U.	...	...	...	II	2	—	2	59	I24
Mangotsfield U.	...	...	...	—	3	—	I	26	5I
Nailsworth U.	...	...	...	I	II	—	20	54	24
Stroud U.	...	...	...	36	9	—	7	30	I53
Tewkesbury B.	...	...	...	—	5	—	I	I30	74
Cheltenham R.	...	...	...	4	4	—	59	97 (37)	350
Cirencester R.	...	...	...	6	6	—	9	77 (30)	I34
Dursley R.	...	...	...	I2	9	—	7	76 (56)	I80
East Dean R.	...	...	...	9	II	—	4	8 (2)	92
Gloucester R.	...	...	...	25	9	—	63	98	345
Lydney R.	...	...	...	3	2	I	—	—	I09
Newent R.	...	...	...	8	3	I	2	45 (3)	7I
North Cotswold R.	...	...	...	9	I5	I	28	6 (6)	68
Northleach R.	...	...	...	I	4	—	42	26	7
Sodbury R.	...	...	...	7	9	—	52	I I6 (I4)	765
Stroud R.	...	...	...	—	22	—	27	73 (6)	I82
Tetbury R.	...	...	...	I8	3	—	—	I23 (I9)	9
Thornbury R.	...	...	...	4	5	I	I0	I47 (20)	37I
Warmley R.	...	...	...	I5	I0	—	I0	22 (II)	39
West Dean R.	...	...	...	5	6	—	7	I4 (IO)	73
Total	...	...	...	I9I	I80	I6	384	I262 (220)	3,908

The numbers of dwellings built for old people are shown in brackets.

SECTION E

INSPECTION AND SUPERVISION OF FOODS

I. Milk Supply

At the end of the year there were thirteen pasteurising plants licenced, two plants having closed. Two plants were converted to the H.T.S.T. method during the year and the dairies improved, and two of the larger plants had almost completed extensive modernisations. The 13 plants produce 27,010 gallons per day as follows :—

9 H.T.S.T. Plants	...	24,950 gallons/day
4 Holder Plants	...	2,060 gallons/day

The following table shows the number of licenced milk dealers at the end of the year (the figure for 1965 being shown in brackets).

(a) Producer/Retailers (licenced by the Ministry of Agriculture, Fisheries and Food, and includes 5 producers who retail raw milk by consent) ...	100	(108)
(b) Producer/Retailers (included in (a) above) holding a licence from the County Council to bottle Untreated Milk from other producers ...	11	(15)
(c) Dairies dealing in Untreated Milk other than in (a) or (b) ...	5	(9)
(d) Pasteurising Plants including 4 licenced to deal in Untreated Milk ...	13	(15)
(e) Dealers in pre-packed milk :		
(i) Retailers ...	207	(194)
(ii) Shops ...	189	(168)
(iii) Vending Machines ...	12	(5)

2. Routine Sampling

The staff shortage resulted in a decline in the routine milk sampling programme although regular sampling of 'Untreated' milk was maintained as far as possible.

The following table summarises the reports from the Public Health Laboratories on samples taken during the year.

SUMMARY OF ROUTINE MILK SAMPLES

Origin of Samples	Designation	Total Samples Taken	Phosphatase Test		Methylene Blue Test			Turbidity Test	
			Pass	Fail	Pass	Fail	Void	Pass	Fail
Dealers including Processors	Pasteurised	2,317	2,298	19	2,179	95	43	—	—
	Sterilised	19	—	—	—	—	—	19	Nil
	Untreated	1,187	—	—	1,035	106	46	—	—
Schools and School Canteens	Pasteurised	549	536	13	491	50	8	—	—
	Untreated	8	—	—	6	1	1	—	—
G.C.C. Properties	Pasteurised	45	44	1	40	4	1	—	—
	Untreated	1	—	—	1	—	—	—	—
Hospitals	Pasteurised	37	37	—	35	1	1	—	—
Totals		4,163	2,915	33	3,787	257	100	19	Nil

The Bacteriologists' reports showed that 33 (1.12%) of the samples of Pasteurised Milk had not been adequately pasteurised, a substantial increase on the previous year's figures (0.4%). One third of these

failures occurred in plants outside the County Area and were beyond the Department's control. 6 samples which failed were from a plant within the County which went over to the H.T.S.T. method and most of the failures were attributable to "teething troubles." 5.22% of samples of Pasteurised Milk and 8.9% of samples of Untreated Milk failed the Methylene Blue test for cleanliness and keeping quality of the milk. (Last years figures were 3.2% and 5% respectively). The failures of Untreated Milks taken direct from Producer/Retailers were referred to the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food. Untreated Milks, bottled or retailed by other persons, were investigated direct. In some cases it was found that the Untreated Milk was at least 36 hours old when offered for sale.

The majority of failures on the Pasteurised Milks were due to inadequate cooling after treatment. Two dairies were responsible for the bulk of the failures; one dairy, which was involved in large scale modernisation, was without refrigeration during the early months of the year when the atmospheric temperatures were abnormally high. The other dairy was in the process of prolonged negotiations with other firms pending a move to new premises and during the unsettled period, conditions at the old dairy deteriorated. This dairy has now closed.

Samples of washed bottles and churns were taken at regular intervals from all processing plants, as follows :—

Samples Taken						Satisfactory	Fairly Satisfactory	Unsatisfactory
(a)	Bottles	...	...	...	...	114	43	89
(b)	Churns	...	...	...	...	29	4	12

Eleven complaints arising from foreign bodies in bottles, unsatisfactory bottles, dirty churns, etc., were investigated and appropriate action taken.

Major improvements were carried out to four dairies including new bottle washing plants in three.

122 samples of cream were submitted for Methylene Blue test, of which 74 (60.7%) were found unsatisfactory to a provisional standard recommended by a Working Party of the Public Health Laboratory Service.

3. *Brucella Abortus*

Monthly sampling of Untreated Milk was continued during 1966 and the number of samples giving positive reactions to the Milk Ring Test decreased significantly. Each positive sample was followed up by individual cow samples and as a result 8 infected animals were detected. In each case where *Brucella* infection was positively confirmed by culture or animal inoculation, the farmer was informed under Section 31 of the Food and Drugs Act, 1955, that it would be an offence to sell milk from the infected animals for human consumption.

4. Details of samples taken for *Brucella Abortus* are set out below :—

Number of herds from which samples were taken	...	...	114
Number of herds subsequently fully investigated	...	...	10 (2 herds were the subject of a second investigation).
Herds in which one or more infected cows were found	...	...	5

		1966												
Routine Retail Samples ...	1965	J	F	M	A	M	J	Jy	A	S	O	N	D	Total 1966
	1,450	112	128	153	93	104	123	125	75	88	72	71	52	1,196
Positive to Milk Ring Test	85	1	1	1	—	2	1	3	—	1	—	1	1	12
Positive Culture Innoculation	13	—	—	—	—	—	—	—	—	—	—	—*	1	1

Guinea pig died.

Follow-up Samples		Positive to Milk Ring Test	Confirmed Positive
Individual	419	48	8
Group	6	Nil	Nil
Bulk	1	1	1

In order to estimate the possible extent of Brucella among the herds producing milk for wholesale in the County, a small pilot sampling scheme was undertaken. Samples were taken at 6 processing dairies of 187 farm milks, which were submitted to the Milk Ring Test. 40 (21.4%) gave positive reactions. In the case of one herd, where the farmer requested a follow-up investigation, 9 cows out of 34 gave positive reactions and five of these were subsequently confirmed to be infected with Brucella Abortus.

SUMMARY OF SPECIAL SAMPLES FOR BRUCELLA ABORTUS

		Positive to Milk Ring Test	Confirmed Positive
Bulk Samples ex farms	187	40	3
Individual Cow Samples	62	10	5

25 samples of raw cream were examined by the Milk Ring Test, but all were found negative.

5. Antibiotic Sampling

Number of Herds Sampled	Number of Samples Submitted	Presence of Antibiotics Detected in
32	108	Nil

6. Tuberculosis

77 samples of Untreated Milk were examined for the presence of Tubercle Bacilli. All reports were negative.

7. Cream

Out of 122 cream samples submitted for examination 25 were untreated and the remaining 97 had some form of heat treatment. Samples were subjected to Methylene Blue test and plate count. 74 samples (60.7%) failed the Methylene Blue test and 48 samples (39.3%) passed. Although wide variation was found in the colony plate counts reported, it was generally found that cream with higher bacterial counts gave lower Methylene Blue reduction times. Investigations of these samples showed that in some cases the cream had passed through several hands before the final retail sale. It is considered that with the increasing sales of cream, the time has come to extend the Milk (Special Designation) Regulations, to include cream, and to that end further investigations should be carried out to produce suitable standards.

2. REPORT ON THE WORK CARRIED OUT BY ANIMAL HEALTH DIVISION,
GLOUCESTER, DURING 1966.

I am obliged to Mr A. Wilson, Divisional Veterinary Officer, for this report.

(a) Livestock (Census 4th June, 1966)

Number of Cattle	...	...	...	...	213,782
Number of Sheep	...	...	...	...	371,297
Number of Pigs	...	...	...	...	115,956
Number of Poultry	...	...	...	...	1,882,182

(b) Notifiable Diseases

Disease	1966		1965	
	Negative Reports Investigated	No. of Confirmed Cases	Negative Reports Investigated	No. of Confirmed Cases
Anthrax	162	3	148	6
Foot and Mouth Disease	4	—	8	—
Fowl Pest	5	1	18	30
Swine Fever	18	—	45	4
Tuberculosis	—	1	1	—

(c) Diseases of Animals (Waste Foods) Order, 1957,

One of the requirements of this Order is that owners who feed swill to more than 4 pigs or more than 50 head of poultry require to be licenced by the local authority. This work is carried out by the County Public Health Officer of Gloucestershire and at the moment about 78 swill plants are licenced in the county. We maintain close liaison with the Public Health Officer on this matter as we are very interested in the disease aspect of this work.

(d) Tuberculosis

During the year 190,068 cattle were tuberculin tested in Gloucestershire and 351 reactors were disclosed. This represents 0.18% of all animals tested as compared with 0.08% in 1965, when 149 reactors were disclosed ; 57.5% of these reactors had visible lesions of tuberculosis at autopsy, as compared with 68.9% in the previous year. It will thus be seen that we have had a decided set-back in our progress towards complete eradication of this disease. There is no single factor responsible, but it does appear that the spread of disease from farm to farm has been much more troublesome during the past year than previously. Large areas of the county continue to be quite free of this trouble, but in one or two districts, notably Wotton-under-Edge, we have had a large number of farms infected. We have every hope that the set-back will prove to be only temporary.

(e) Tuberculous Milk—Veterinary Investigations

During 1966 no reports were received from Medical Officers of Health of tubercle bacilli having been found in bulk milk samples. One case of tuberculosis of the udder was discovered during the year in a herd which up till then had a good tuberculin test history. The animal was slaughtered and an immediate tuberculin test carried out at which a number of reactors were disclosed.

(f) Milk and Dairies Regulations

The number of herds as at 31st December, 1966 is as follows :—

Dairy Herds	...	...	...	1,810
Beef Herds	...	...	...	1,531
Mixed Herds	...	...	...	781
				—
				4,122
				—

During the year 3,596 herd inspections were carried out, involving the clinical examination of 188,470 cattle.

(g) Free Calf Vaccination Scheme

In 1966, 13,481 calves were vaccinated under this scheme in 2,372 herds. The purpose of this scheme is to protect female cattle against infection with *Brucella abortus*. The number vaccinated is about the same as last year and we had hoped for an increase. However, as this represents something like 75% of the eligible female calves the position is reasonably satisfactory.

(h) Brucella Abortus Infection in Milk

We are receiving quite a number of reports of the discovery of *Brucella Abortus* Infection in milk and these are all passed on to the District Medical Officer of Health and the Public Health Officer for the county.

(i) Salmonellosis in Cattle

As with *Brucella Abortus* we report to the Medical Officer of Health and the County Public Health Officer all cases of Salmonellosis which are reported to us by veterinary laboratories. Our main reason for doing so is because of the possibility that this disease may be passed on by animals to farmers or farm workers. We have had no cases of *Salmonella* organisms occurring in milk. In this area we now think that the incidence of *Salmonella* infections in cattle and calves is not quite as high as it was.

(j) Poultry Health Scheme

This scheme commenced on the 1st January, 1966, and replaced the Poultry Stock Improvement Plan. Under the new scheme 111,970 fowls were blood tested in 50 flocks in order to detect carriers of *Salmonella Pullorum* (the cause of B.W.D.) and *Salmonella Gallinarum* (the cause of fowl typhoid). No reactors were discovered.

*(k) The Slaughterhouse (Hygiene) Regulations, 1958**The Slaughter of Animals (Prevention of Cruelty) Regulations, 1958*

In the County of Gloucestershire, including the City of Bristol, there are at the moment 34 licenced slaughterhouses and 4 knackeries under the control of 19 local authorities. During the year inspections of all these premises were carried out in conjunction with the Public Health Inspectors of the local authorities concerned.

*(l) Markets (Protection of Animals) Order, 1964**Markets (Protection of Animals) (Amendment), 1965*

These Orders are designed to improve the welfare of animals exposed for sale in markets and awaiting removal therefrom after sale. The second Order requires the provision of covered accommodation for calves, dairy cows in milk and pigs and all the Gloucester markets now comply with this Order.

SECTION F

MISCELLANEOUS

1. Registered Nursing Homes

At the end of the year there were twelve nursing homes registered in the County. These homes provide 193 beds for general cases.

2. Food Hygiene

Visits were made to Canteens and Kitchens under the control of the County Council and recommendations were made where necessary for improvements to ensure compliance with the Food Hygiene Regulations.

3. Offices

The survey of offices occupied by County Council staff to meet the requirements of the Offices, Shops and Railway Premises Act, 1963, was substantially completed during the year and works are now in hand to bring the premises up to the required standard.

4. Diseases of Animals (Waste Food) Order, 1957

Inspections continued of waste food boiling plants to ensure compliance with this Order. Eighteen new licences were issued and twelve premises ceased to operate. The number of premises licenced at the end of the year was 78.

5. School Swimming Pools

Thirty school swimming pools and one private pool used by school children were visited frequently by the Public Health Officers and field tests carried out to determine the pH of the water and level of residual chlorine.

At the end of the year, proposals were in hand for a further twelve school pools.

1966
TABLE I—BIRTHS AND DEATHS

Districts	Estimated Population	BIRTHS								DEATHS														
		Live Births				Still Births				Total		Under 1 year			Inf. Mort. Rate per 1,000 Live Births	Under 4 weeks				Under 1 week				
		Leg.	Illeg.	Total	Rate per 1,000 Pop.	Leg.	Illeg.	Total	S.B. Rate per 1,000 Total Births	No.	Rate per 1,000 Pop.	Leg.	Illeg.	Total		Leg.	Illeg.	Total	Rate per 1,000 Live Births	Leg.	Illeg.	Total	Rate per 1,000 Live Births	
Urban																								
Charlton Kings	9,390	151	8	159	16.93	2	—	2	12.42	112	11.92	2	—	2	12.58	1	—	1	6.29	1	—	1	6.29	
Cheltenham M.B.	75,510	1,202	143	1,345	17.81	15	5	20	14.65	981	12.99	21	4	25	18.59	13	2	15	11.15	10	2	12	8.92	
Cirencester	12,780	181	12	193	15.10	1	—	1	5.15	167	13.07	2	1	3	15.54	2	1	3	15.54	2	1	3	15.54	
Kingswood *	28,650	663	30	693	24.19	4	2	6	8.58	281	9.81	9	—	9	12.99	8	—	8	11.54	7	—	7	10.10	
Mangotsfield *	23,730	372	23	395	16.65	7	—	7	17.41	240	10.11	3	—	3	7.59	3	—	3	7.59	3	—	3	7.59	
Nailsworth	3,790	57	6	63	16.62	1	—	1	15.63	48	12.66	3	—	3	47.62	3	—	3	47.62	2	—	2	31.75	
Stroud	18,350	300	22	322	17.55	2	2	4	12.27	218	11.88	5	—	5	15.53	4	—	4	12.42	3	—	3	9.32	
Tewkesbury M.B.	7,820	156	5	161	20.59	3	—	3	18.29	97	12.40	2	—	2	12.42	2	—	2	12.42	1	—	1	6.21	
TOTAL U.D.	180,020	3,082	249	3,331	18.50	35	9	44	13.04	2,124	11.80	47	5	52	15.61	36	3	39	11.71	29	3	32	9.61	
Rural																								
Cheltenham	39,030	711	41	752	19.27	4	—	4	5.29	377	9.66	3	3	6	7.98	1	1	2	2.66	1	1	2	2.66	
Cirencester	14,980	264	18	282	18.83	7	—	7	24.22	143	9.55	2	—	2	7.09	1	—	1	3.55	1	—	1	3.55	
Dursley	19,980	353	18	371	18.57	4	—	4	10.67	225	11.26	6	1	7	18.87	3	1	4	10.78	3	1	4	10.78	
East Dean	21,060	302	25	327	15.53	4	—	4	12.08	241	11.44	6	—	6	18.35	4	—	4	12.23	4	—	4	12.23	
Gloucester	53,610	987	56	1,043	19.46	13	1	14	13.26	552	10.30	18	1	19	18.21	13	—	13	12.46	9	—	9	8.63	
Lydney	14,120	226	13	239	16.93	2	—	2	8.30	145	10.27	2	—	2	8.37	—	—	—	—	—	—	—	—	
Newent	9,190	148	4	152	16.54	2	1	3	19.35	92	10.01	2	—	2	13.16	2	—	2	13.16	2	—	2	13.16	
North Cotswold	20,800	279	13	292	14.04	6	—	6	20.13	248	11.92	7	—	7	23.97	5	—	5	17.12	3	—	3	10.27	
Northleach	7,750	101	12	113	14.58	2	—	2	17.39	116	14.97	1	—	1	8.85	1	—	1	8.85	1	—	1	8.85	
Sodbury *	57,100	1,266	54	1,320	23.12	17	1	18	13.45	495	8.67	16	1	17	12.88	8	—	8	6.06	8	—	8	6.06	
Stroud	29,030	441	19	460	15.85	5	1	6	12.86	369	12.71	10	1	11	23.91	5	1	6	13.04	5	1	6	13.04	
Tetbury *	6,920	95	3	98	14.16	2	—	2	20.00	91	13.15	3	—	3	30.61	2	—	2	20.41	2	—	2	20.41	
Thornbury	37,900	915	48	963	25.41	21	2	23	23.33	324	8.55	16	3	19	19.73	11	2	13	13.50	11	2	13	13.50	
Warmley *	23,640	514	12	526	22.25	5	1	6	11.28	178	7.53	3	—	3	5.70	2	—	2	3.80	1	—	1	1.90	
West Dean	17,620	290	22	312	17.71	4	—	4	12.66	210	11.92	9	2	11	35.26	8	2	10	32.05	7	1	8	25.64	
TOTAL R.D.	372,730	6,892	358	7,250	19.45	98	7	105	14.28	3,826	10.26	104	12	116	16.00	66	7	73	10.07	58	6	64	8.83	
County Totals	552,750	9,974	607	10,581	19.14	133	16	149	13.89	5,950	10.76	151	17	168	15.88	102	10	112	10.59	87	9	96	9.07	

*As there was a change of boundary during 1966 the statistics shown represent the events assigned to the area within the boundaries as they existed at the date of registration of each event. To allow calculation of valid birth and death rates the figure shown under "Estimated Mid-Year Population" is a weighted average of the mid-year population of the area as constituted before and after the change.

1966

TABLE II—SUMMARY OF INFECTIOUS DISEASE

Districts	Scarlet Fever	Whooping Cough	Measles	Acute Pneumonia	Dysentery	Acute Enc. Lethargica		Para-Typhoid Fever	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Tuberculosis Pulmonary	Tuberculosis Other
Urban						I.	PI.								
Charlton Kings	1	1	23	—	—	—	—	—	—	—	—	—	—	2	—
Cheltenham M.B.	4	15	361	4	—	—	—	1	—	4	—	28	1	20	3
Cirencester	14	9	229	3	—	—	—	—	—	—	—	—	—	2	1
Kingswood	9	7	185	2	3	—	—	—	—	—	—	—	—	5	1
Mangotsfield	12	2	125	—	—	—	—	—	1	—	—	—	—	1	2
Nailsworth	3	26	19	1	—	—	—	—	3	—	—	3	—	—	—
Stroud	3	24	420	—	2	—	—	—	1	—	—	1	—	8	2
Tewkesbury M.B.	—	—	131	—	—	—	—	—	—	—	—	2	—	1	—
TOTALS U.D.	46	84	1,493	10	5	—	—	1	5	4	—	34	1	39	9
Rural															
Cheltenham	12	6	393	4	2	—	—	—	2	—	—	5	—	4	1
Cirencester	7	—	148	9	—	—	1	—	—	—	—	—	—	3	1
Dursley	31	—	264	—	5	—	—	—	—	—	—	—	—	1	2
East Dean	63	3	75	—	7	—	—	—	—	—	2	—	—	6	—
Gloucester	43	31	390	5	1	—	—	—	1	—	—	2	2	12	2
Lydney	9	—	207	3	—	—	—	—	1	—	—	—	—	5	—
Newent	1	22	85	—	—	—	—	—	1	—	—	2	—	1	—
North Cotswold	6	2	362	—	—	—	—	—	—	—	—	1	—	—	—
Northleach	3	4	91	2	—	—	—	—	4	—	—	—	—	—	1
Sodbury	7	12	857	1	13	—	—	—	1	—	—	—	—	2	—
Stroud	5	23	218	5	1	—	—	—	2	—	5	5	—	9	3
Tetbury	—	—	131	—	—	—	—	—	—	—	—	—	—	7	—
Thornbury	6	1	427	—	32	—	—	—	2	—	—	1	—	2	—
Warmley	8	8	171	3	9	—	—	—	1	—	—	—	—	2	1
West Dean	24	4	232	5	—	—	—	—	1	—	2	—	—	2	—
TOTALS R.D.	225	116	4,051	37	70	—	1	—	15	—	10	16	2	59	11
County Totals	271	200	5,544	47	75	—	1	1	20	4	10	50	3	98	20

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TABLE III—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

Causes of Death		Total All ages	Under 4 weeks	4 weeks & under 1 year	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 and over
1	Tuberculosis, respiratory	14	—	—	—	—	—	—	1	—	3	5	5
2	Tuberculosis, other	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilitic disease	9	—	—	—	—	—	—	—	1	4	3	1
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
5	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—
6	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—
7	Acute poliomyelitis	1	—	—	—	—	—	1	—	—	—	—	—
8	Measles	1	—	1	—	—	—	—	—	—	—	—	—
9	Other infective and parasitic diseases	9	—	—	1	2	—	—	—	—	—	2	3
10	Malignant neoplasm, stomach	122	—	—	—	—	—	—	6	16	18	30	52
11	Malignant neoplasm, lung, bronchus	240	—	—	—	—	—	2	3	32	89	81	33
12	Malignant neoplasm, breast	104	—	—	—	—	—	2	7	21	25	24	25
13	Malignant neoplasm, uterus	32	—	—	—	—	—	—	3	3	9	8	9
14	Other malignant and lymphatic neoplasms	566	—	—	4	2	4	5	16	61	115	166	193
15	Leukaemia, aleukemia	28	—	—	—	3	1	2	3	2	4	8	5
16	Diabetes	29	—	—	—	—	—	—	—	—	—	6	20
17	Vascular lesions of nervous system	868	—	1	1	1	1	3	6	26	100	222	507
18	Coronary disease, angina	1,259	—	—	—	—	1	2	12	92	249	402	501
19	Hypertension with heart disease	102	—	—	—	—	—	—	—	4	17	38	43
20	Other heart diseases	770	—	—	1	—	3	2	7	17	41	116	583
21	Other circulatory diseases	288	—	—	—	—	3	4	5	10	24	58	184
22	Influenza	65	—	—	—	4	3	1	—	—	5	14	38
23	Pneumonia	352	—	19	—	3	—	4	—	8	22	50	236
24	Bronchitis	230	7	1	3	—	—	—	—	9	47	84	87
25	Other diseases of respiratory system	53	1	1	1	—	1	1	1	5	5	18	19
26	Ulcer of stomach and duodenum	42	—	—	2	—	—	—	1	4	6	11	20
27	Gastritis, enteritis and diarrhoea	35	—	3	1	—	—	3	1	4	—	6	17
28	Nephritis and nephrosis	31	—	—	—	1	—	1	5	5	3	8	8
29	Hyperplasia of prostate	17	—	—	—	—	—	—	—	1	—	4	12
30	Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	—	—	—	—
31	Congenital malformations	58	24	13	5	2	1	1	3	2	4	1	2
32	Other defined and ill-defined diseases	409	79	9	5	4	7	6	14	31	35	78	141
33	Motor vehicle accidents	83	—	—	2	5	27	11	2	2	14	10	10
34	All other accidents	89	1	7	7	2	4	7	4	7	13	10	27
35	Suicide	43	—	1	—	—	3	4	7	5	8	13	3
36	Homicide and operations of war	1	—	—	—	—	—	—	—	—	—	—	—
Total all causes		5,950	112	56	33	29	59	62	108	368	863	1,476	2,784

